

This is a digital copy of a book that was preserved for generations on library shelves before it was carefully scanned by Google as part of a project to make the world's books discoverable online.

It has survived long enough for the copyright to expire and the book to enter the public domain. A public domain book is one that was never subject to copyright or whose legal copyright term has expired. Whether a book is in the public domain may vary country to country. Public domain books are our gateways to the past, representing a wealth of history, culture and knowledge that's often difficult to discover.

Marks, notations and other marginalia present in the original volume will appear in this file - a reminder of this book's long journey from the publisher to a library and finally to you.

Usage guidelines

Google is proud to partner with libraries to digitize public domain materials and make them widely accessible. Public domain books belong to the public and we are merely their custodians. Nevertheless, this work is expensive, so in order to keep providing this resource, we have taken steps to prevent abuse by commercial parties, including placing technical restrictions on automated querying.

We also ask that you:

- + *Make non-commercial use of the files* We designed Google Book Search for use by individuals, and we request that you use these files for personal, non-commercial purposes.
- + Refrain from automated querying Do not send automated queries of any sort to Google's system: If you are conducting research on machine translation, optical character recognition or other areas where access to a large amount of text is helpful, please contact us. We encourage the use of public domain materials for these purposes and may be able to help.
- + *Maintain attribution* The Google "watermark" you see on each file is essential for informing people about this project and helping them find additional materials through Google Book Search. Please do not remove it.
- + *Keep it legal* Whatever your use, remember that you are responsible for ensuring that what you are doing is legal. Do not assume that just because we believe a book is in the public domain for users in the United States, that the work is also in the public domain for users in other countries. Whether a book is still in copyright varies from country to country, and we can't offer guidance on whether any specific use of any specific book is allowed. Please do not assume that a book's appearance in Google Book Search means it can be used in any manner anywhere in the world. Copyright infringement liability can be quite severe.

About Google Book Search

Google's mission is to organize the world's information and to make it universally accessible and useful. Google Book Search helps readers discover the world's books while helping authors and publishers reach new audiences. You can search through the full text of this book on the web at http://books.google.com/

making Static
Machines.

to Buy or Rent Static Machine plete from a to finish

Statie Machines,

X-RAY COILS OR

Fluoreseent Sereens,

Fluoroscopes,

Ozone or Cataphoretie
Apparatus.

or any other

Electrical or X-Ray

Instruments

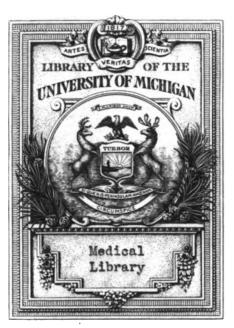
WRITE OR CALL ON

The Sorensen Mfg. Co.

RAVENNA, OHIO. U. S,

The Colorado Medical Journal

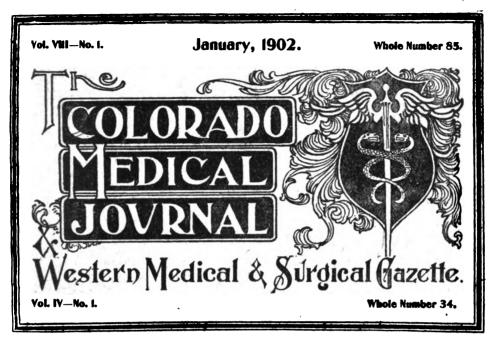
ome and sp ouple of weel us and get i instructio



RECEIVED IN EXCHANGE
PROX
Medical Society
Kings County, Library



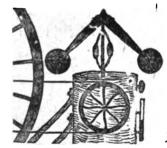
610 C7 M4 J8 Be sure to read our Clubbing Proposition on the inside page of front cover.



THE COLORADO MEDICAL JOURNAL 133 West Colfax Ave., Degver, Colorado.

WM. N. BEGGS, A. B., M. D., J'ISON DRAKE, Ph. D., M. D., Editor and Publisher
Associate Editor

Entered at the Postoffice at Denver, Colorado, as second class matter.



A "GOVERNOR" -

ACTS UPON A

STEAM ENGINE JUST AS ARSENAURO ACTS

UPON HUMAN MACHINERY, RESTORES AND MAINTAINS THE EQUILIBRIUM.

ARSENAURO IS OF GREAT VALUE IN FUNCTIONAL NEUROSES, DISTURBED METABOLISM AND FAULTY NUTRITION.
IT ARRESTS THE PROCESS OF DEGENERATION AS COVERED BY
THE BROAD TERM SCLEROSIS.

AN ALTERATIVE WHICH "BUILDS UP" WHILE IT "ELIMINATES."

PUSH TO THE POINT OF SATU-RATION IN EACH INDIVIDUAL PATIENT AND ADMINISTER FOR A PROTECOTED PERIOD.



CHAS. ROOME PARMELE CO

Then Note Our Clubbing Rates.

MEDICAL JOURNALS.

We will club with any medical journal published in the United States. If its subscription price is \$1.00 or over add \$1.50 and receive the two; if it is \$2.00 or over add \$1.00 more for the two. If you wish to club with more than one, write to us for rates. We can save you money.

Brighten Your Office with Attractive biterature

We will send to our paid up subscribers or new subscribers the Colorado Medical Journal twelve months, with each of the following combinations at the rate quoted:

Regular Price Our Price
\$15.00 North American Review* \$5.00, Current Literature* \$3.00, Review of Reviews* \$2.50, Current History* \$1.50,
Success \$1.00 and The Colorado Medical Journal \$2.00\$7.00
\$14.50 Leslies' Weekly \$4.00, Current Literature* \$3.00, New England Magazine \$3.00, Current History* \$1.50, Success
\$1.00 and The Colorado Medical Journal \$2.00\$6.75
\$14.00 Leslies' Weekly \$4.00, Current Literature* \$3.00, Review of Reviews* \$2.50, Current History \$1.50. Success \$1.00 = -
and The Colorado Medical Journal \$2.00
\$13.00 New England Magazine \$3.00, Current Literature 3: Review of Reviews* \$2.50, Current History* \$1.50, Succession
\$1.00 and The Colorado Medical Journal \$2.00
\$12.00 Leslies' Weekly \$4.00, Review of Reviews* \$2.50, Current History* \$1.50, Success \$1.00, Cosmopolitan** \$1.00 and The
Colorado Medical Journal \$2.00\$6.00
\$11.00 Harper's Weekly*† \$4.00*, Literary Digest \$3.00. Harper's Bazar*§ \$1.00, Everybody's Magazine* \$1.00 and The Colo-
rado Medical Journal \$2.00 \$5.50
\$10.00 Critic or Arena \$2.50, Review of Reviews* \$5.50, Leslie's Monthly \$ \$1.00, Success \$1.00, Cosmopolite \$1.60 and
The Colorado Medical Journal \$2.00\$5.00
\$8.00 Review of Reviews* \$2.50, Current History* \$.50, Cosmo- politan** \$1.00, Success \$1.00 and The Colorado Medical
Journal \$2.00\$4.00
†Outlook or Scientific American may be substituted. \$American Boy or Little Folks may be substituted.
**Good Housekeeping, Designer, Household, Pilgrim, Recreation*,
or Popular Science News* may be substituted. *Must be new subscription.
The above need not all be sent to one address, but may each be

The above need not all be sent to one address, but may each be sent to a different address if desired. Cash must accompany the order. If you desire any other magazine or combination of magazines, write us for rates. Address all orders to

The Colorado Medical Journal DENVER, COLORADO.

med at sacrety

THE COPOUADO MEDICAP PORMAP

..AND..

WESTERN MEDICAL AND SURGICAL GAZETTE

A Scientific Medical Journal, Published in the Interest of the Profession of Colorado and Adjoining
States—A Journal of Science, of News and of Medical Lore.

Vol. VIII.

Denver, Colorado, January, 1902.

No. 1

ADDRESS.

Our Relations to the Public and to Public Institutions*

By H. G. WETHERILL, M. D., DENVER, Colo.

Members of the Denver and Arapahoe Medical Society:

Ladies and Gentlemen—In this, my valedictory, I am given the opportunity to again thank the members of this society for the honor conferred upon me in your choice of a president for the past year.

Permit me to assure you that I have appreciated the privilege and distinction of presiding over your meetings, and allow me to add that we all owe much to our efficient secretary, Dr. Holden, and faithful vice president, Dr. Leonard Freeman, who have, as my colleagues in the Board of Directors, rendered valuable services and accorded me at all times their heartiest assistance and support. To this efficient backing and the unvarying courtesy, consideration and cordial co-operation of the members of the society when

called upon may be attributed the measure of success attained.

Permit me, then, to thank you again, one and all, and to bespeak for our successors the same loyal support; for the sake of the society and its welfare and for the sake of those whom you may elect to fill its offices.

For a generation our society has been endeavoring to make its members more and more worthy of the confidence of this community, and, indirectly, to educate the people to a better appreciation of their obligations to the modern medical sciences, and on this, its thirtieth anniversary, I wish to ask your attention to certain relations that we, as physicians, now bear to the public and to certain public institutions, and to review them with an eye for their readjustment where it may appear that readjustment is most to be desired.

^{*}President's Address to the Denver and Arapahoe Medical Society, January 14, 1901.

Physicians are destined to occupy far more important positions in relation to the public as the evolution of preventive medicine is worked out to its legitimate and ultimate end.

The time is near when physicians, as such, must occupy important places close to the heads of national, state, county and city governments, and the general body of medical men throughout the land must then be prepared to meet upon common ground in support of the new regime.

This somewhat vague outline of what is before us, reduced to particulars, means that in certain governmental affairs pertaining to medical matters, chiefly or solely, the physician is destined to be a more important factor and the professional politician is to be relegated to the rear. To further particularize, it may be said that the progressive movement will applied extensively to matters of quarantine, immigration, food inspection, public hygiene and sanitation, water supply and sewage disposal in states and nation, and to such public offices and public institutions as may be best administered by highly educated medical men.

In casting about for features of local interest in this connection not a few present themselves for consideration. First let me refer to that abominable relic of the dark ages still officially imposed upon the state of Colorado; a functionary in comparison with whose methods and results those of the immortal Dogberry were brilliant and immaculate indeed, for he was at least sufficiently aware of his limitations to

say to his clerk, "Write me down an ass."

Without making any personal application or individual allusion, I refer to that picturesque, often ignorant and totally incompetent official prescribed for us by our state constitution under the title of "the Coroner."

The coroner's office is, without exception, even as political offices go, the most useless, meddlesome and spectacular bit of political machinery ever The legitimate emolument invented. of the office is insignificant and the place is too commonly filled by some political grafter, who, for purposes of his own or in the interest of his friends. finds it profitable to accept the job. His official investigations chiefly serve to gratify the curiosity of the morbid and to muddle and obscure the facts. When they do not defeat the ends of justice through the more or less direct protection of some favored individual, they do so by making public the evidence against criminals of a certain class, which enables them to successfully meet the charges when at last the case comes to trial. Finally, and after all is said and done and when the elaborate and expensive coroner's function is over and his findings (if he finds anything) are ready for announcement, they are entirely without significance or weight, and the case is forgotten or it goes to the district attorney, the grand jury and the court for serious investigation and solution, regardless of the silly procedure of the high functionary who has already passed upon it with the aid of his six or twelve "good men and true."

In contradistinction to all this elaboration of disingenuous circumlocution for the ostensible detection of crime "by a party or parties unknown," we have only to look upon the excellent system in operation in the state of Massachusetts and elsewhere. That system provides for the appointment of a medical examiner, who shall perform the duties here undertaken by the coroner, but who makes his investigations, including the autopsy, if one be required, collects data for the prosecuting officers and courts, and does it all without undue publicity; and better still, does it with that skill and judgment that education and training for the work enable him to give to it. The results under the medical examiners system are so vastly superior to those attained by the coroners system, wherever and however employed, that there can no longer be a question but the Massachusetts law should be upon the statute books of every state of the Union, that the coroner should be merely an opera bouffe dream, and that his functions should be assigned to some capable, honest, intelligent and trained physician, who could in this capacity bring order out of chaos.

The difficulty in bringing about this change in the state of Colorado, is (as I understand it) that a constitutional amendment would be necessary, as the office of coroner is prescribed by that instrument, but troublesome and expensive as this amendment would be, it is all well worth while if by such action we may be free from the unwieldy and insufficient, justice destroying office, and secure the adoption of that in its

place which has been proved to be all that could be desired. It is not too much to hope that this may be accomplished some day, and it is certainly an end for which this and other medical societies and all medical men should work.

Another local matter that may claim our consideration at this time is the position in which physicians are placed in relation to certain eleemosynary public institutions and public offices.

The average political dispenser of patronage proceeds upon the theory that all those offices that must of necessity be filled by physicians are merely a part and parcel of the spoils belonging to the victors, and that this is true regardless of the fitness of the incumbent, of the length and faithfulness of his service or of his unselfishness in rendering valuable services without pecuniary compensation.

This abuse of the medical profession as a whole and as individuals, is common in Colorado in state, county and city affairs, and I regret to say is made possible solely and entirely because we tolerate it, and submit to the imposition of the most humiliating indignities.

A notable example of recent date will be recalled by all of you, and as I have never had a place upon the medical staff of the institution in question, never applied for one, and furthermore would not accept one under the existing conditions, I may comment upon it without subjecting myself to the criticism of being a sorehead or of casting longing glances at the sour grapes.

I need scarcely add that I refer to the changes of the past two years in the medical service of the Arapahoe County Hospital, and when this has been said further particulars are unnecessary, as I believe you are familiar with the details. It is enough to suggest that when it has become possible for a small politico-medical clique to dictate policy of such an institution in the interest of themselves and their immediate friends, and to the detriment of the institution and those who have long and faithfully served it, the time has come for the great body of self-respecting medical men of this community to take some co-ordinate action for the protection of the interests of the institution and of their own honor and dignity.

Two ethical problems occur to me as worthy of comment, the first having to do with our relations to the victims of the abortionists, and the second with our own relations to the newspapers; both of which bear upon my general topic, our relation to the public.

When we see patients suffering from the effects of criminally induced abortions, what should be our attitude toward them, the individual who may have performed the operation and the public and its officers?

It will be conceded that clean-cut views as to the right and proper course to pursue in such cases are not held by all of us, and I have had to help decide such questions at times when it certainly was not easy to be sure which course was best, but my notions about the matter are undergoing crystalization and I believe my doubts are about set at rest.

First of all, I have concluded that

my first and most important duty-if not my only duty-is to my patient, when I have accepted the responsibilities of her case (which I may refuse to This is the key to do if I so decide). the whole question. The case once accepted, the welfare of the patient is the sole object to be attained by her physician, and with this ever in mind, I shall do all that may be in my power to bring about her recovery, making no inquiry into her antecedent history which may not be necessary for the successful management of the disease, and the protection of my own name and reputation from any connection with the criminal end of the business. no circumstances will I ever again make inquiry about or listen to details that do not pertain to these phases of the case, as in my judgment it is no part of the work of a physician to act as a detective and spy upon his patient. He should rather occupy the relation of one to whom privileged communications may be made in the strictest confidence. If the patient or her friends wish to make a statement or complaint to the proper officer they may do so, after which I might add such testimony as my connection with the makes it necessary for me to give, but I shall never report such cases myself, and shall, indeed, take great pains to know nothing that may not be essential to their medical and surgical management.

The history of such criminal cases as have been reported to the prosecuting officers in this city would commend this course, for I believe but one conviction under such indictment has ever been

procured, and that person escaped punishment. In the past five years there have been numbers of clear, strong cases before our courts without a single conviction.

I have been helped to this conclusion by the following extract from Dr. Flint's Commentaries on the Code of Medical Ethics and Etiquette. He says:

"In respect of the knowledge of criminal acts, the physician is not to play the part of a detective or an informer. Some may consider it a strong assertion that a physician is under an ethical bond of secrecy when, through his professional intercourse, he may have ascertained that his patient is an escaped convict, a thief, a robber, a forger, or even a murderer. No matter how heinous the crime, the wretched criminal has a right to medical services in sickness. Who can tell how important it may be that his health should be restored and his life prolonged by these services, albeit in the light of human judgment it might seem better that he remain prostrated by disease or die? The duty of the physician in such instances relates exclusively to the patient. He would be debarred from medical services were it understood that physicians are to play the part of detectives and informers. It may be said that a distinction should be made as to the nature and degree of crimes

which patients have committed. But where is the line to be drawn? It is not for the physician to exercise a judicial discretion on that point. The ethical rule is without exceptions. Medical men do not always appreciate the binding force of this rule, and disastrous effects sometimes follow its non-observance. The following recital is in illustration:

"An unfortunate young woman had sought to escape the disgrace of maternity, and is the victim of malpractice. A physician is called to attend her in her extremity. He recognizes the nature of the case and the dangerous condition of the patient. He demands, in the cause of justice, to know the name of the author of her trouble, and of the one who had undertaken a criminal interference. An officer of justice is summoned to receive her testimony. The woman dies. The newspapers give publicity to the case, with all its details. The physician acted from his sense of duty. his object being the punishment of the offenders against the law. As results of his action, the moral effect of the steps taken in behalf of justice may have contributed to the death of the patient, and, at least, it is fair to conclude that the misery of her last hours were thereby increased. She left a dishonored memory; disgrace was

^{*}NOTE.—Section 834 of the New York Code of Civil Procedure provides that a person duly authorized to practice physic or surgery shall not be allowed to disclose any information which he acquired in attending a patient in a professional capacity, and which was necessary to enable him to act in that capacity.

^{*}Journal of A. M. A., Vol. XXXVIII, Jan. 4, 1902, page 60.

brought upon the relatives of both parties, he being a husband and the father of a family. After all, the surviving offender eluded punishment. This is not a hypothetical case. It is left to the reflections of the reader, with but brief comment. In no point of view was the action of the physician to be justified, although taken with good in-Knowledge of the fact tentions. of malpractice was essential to a proper appreciation of the case. Further knowledge was not essential, and it was taking an ungenerous and improper advantage to de-Compliance with the mand it. wishes of the patient, voluntarily and deliberately expressed, could afford the only ground for excuse in the non-observance of secrecy."

In our relations to the newspapers we have to deal with a matter that-in my opinion—calls for some modification of the rigid interpretation so long given to the code of medical ethics. The great importance which now attaches to preventive medicine creates the necessity for the education of the people along these lines, so that they may more fully understand the necessity for preventive measures and co-operate with the physicians and the authorities in the elimination of the preventable diseases. To this end and with a due regard to the dignity and merit of the purpose in view, it appears to me that, under certain restrictions, the public prints might with propriety be used, but I particularly desire that it should be understood that I make no excuses or plea for leniency in your judgment of the adroit medical or surgical newspaper case reporter.

While it might be proper and advantageous for certain topics of general interest and value to the people at large to be explained and elucidated in the public prints by medical writers of ability, solely because such persons are best qualified to discuss them, there can be no similar excuse or warrant for the self advertising of the sensational public case reporter. We are all well aware of the fact that the names of physicians may and do appear in the public prints in connection with the reports of unusual cases, or owing to the official position or high standing of a patient, without such notoriety having been coveted or consented to by the doctor. The utmost care, consideration and deliberation must be exercised in reaching conclusions in regard to the true attitude of one who may be more unfortunate than the rest of us in this particular owing to unavoidable circumstances that make him more liable to such unenviable notoriety, for while few of us have wholly escaped, it will be conceded that those who come most in contact with accident cases and general surgery are more exposed to such notice, yet it is seldom difficult for one who sincerely tries to avoid it to give all the essential details of such cases to the interviewer with a stipulation that his name be not mentioned, a request that rarely will be disregarded. That it is petty and undignified, and often unfair to other physicians and to the patient and his family, to so retail the details of one's cases, ad nauseum, solely for self aggrandizement, will not be disputed. There are in every commucertain conspicuous offenders against this axiom of professional decency, and they are known by the regularity with which their names appear in the papers in articles bearing the unmistakable earmarks of consulting room inspiration. I regret to have to add that they are sometimes members in good standing of our medical societies, and it is only for the purpose of suggesting a remedy for the evil that I have presented this most unpleasant subject for your consideration.

First, I propose that a resolution be passed by our society asking the newspaper publishers and editors to omit the names of each and every one of our members from their papers when making reports of medical and surgical cases, appending a list of the names of all members to the request. quest will be respected and granted, I sincerely believe, if it be clearly understood that it is made in absolute good faith by our society and that it is not for effect only, like that of a coy maiden who loudly protests against being kissed while casting herself into the arms of her despoiler.

If the paper gets the desired details the editor cares nothing about mentioning the name of the doctor except it be tacitly understood that the doctor desires it as a reciprocal favor.

Second, I propose that a contract be made with one of the newspaper clipping agencies for the return of all items of this kind from the papers of the city of Denver, to be preserved in a scrapbook by the secretary of the society for reference, that the book be at all times accessible to the Board of Censors and any member of the society, and that the reading of any articles may be procured at any meeting of the society on the request in writing of any three members and the approval of the Board of Censors.

This will give the society a complete file of such items, make the detection of the habitual offender easy and afford ample evidence for the acquittal of the unwilling victims of the knight of the quill. Thus may the dignity and honor of the profession be preserved by the exercise of a restraining influence on those who may be inclined to coquette with the siren who sings their praises, and members and candidates for membership be placed on record.

The retiring president of such a society as this is expected to say something of general interest, and is privileged to suggest some way in which the good of the organization and its members may be promoted. have tried to do, and while I have pointed out what have appeared to me to be some of the weak places in our organization, I have aimed to do it in as kindly a way as seemed compatible with a clear statement of the facts. hope you may not have as a last impression of your first president for the twentieth century the notion that he was a censorious fault-finder common scold, for I assure you he leaves the office with none but the kindliest feelings for each of you, and as a last word I beg to be allowed to again thank you for the courtesy, consideration and support always accorded me, and for the honor you have done me in selecting me for your presiding officer. May the new century bring

you, individually and collectively, more power, progress and prosperity.

ORIGINAL COMMUNICATIONS.

Occipito-Posterior Positions*

By T. E. TAYLOR, M. D., DENVER, COLO.

One of the most frequent causes of difficult labor is a posterior position of the occiput, and accordingly some are refusing to classify such cases as normal. Although the great majority require no interference, yet so frequent are such positions that the minority of difficult ones assume great importance.

As to the frequency of occipito-posterior positions, there is no agreement among authorities, some classifying almost all right positions as posterior, while others find almost as many cases where the occiput lies to the right and anterior as where it is posterior, the most probable explanation being that without an early and careful examination, the diagnosis is not made until forward rotation has already occurred. Of most practical importance is the number which either refuse to rotate. or rotate backward into the hollow of the sacrum, and how considerable this number is may be seen from the report of Dr. Coles in Jefferson Maternity of Philadelphia. Of 975 cases 925 were occipital presentations, of which we may suppose that approximately 200

were occipito-posterior; and of these thirty, or 15 per cent., rotated backward. Of these thirty cases only six were delivered without assistance, forceps being used twenty times. All the mothers recovered, though twelve suffered from a torn perineum, two of the children being lost. Such results certainly show that nature needs assistance, and direct our attention to the question how she can be most effectively aided.

It is, of course, a primary requisite that a clear diagnosis should be made, and often this is somewhat difficult, as the head is slow to engage in the brim, and dilatation also is delayed, while the caput succedaneum is unusually Abdominal palpation usually furnishes quite as accurate information of the position of the fœtus as the internal examination, the extremities being felt upon the left side of the abdomen, and the body being indistinctly felt far back on the right side. Another valuable guide is the anterior shoulder, which here will be felt in the right groin.

^{*}Read before the Colorado State Medical Society, June 20, 1901.

One of the most useful guides to wise treatment is found in a study of the conditions where the natural mechanism fails. Of the thirty cases of backward rotation of the occiput above referred to, no less than eleven were multiparæ, with old lacerations of the perineum and pelvic floor, and the general experience points to this as one of the most common causes of failure of anterior rotation. Another frequent cause of failure is lack of proper flexion, so that the brow has already engaged in the brim before the occiput has advanced sufficiently to feel the impulse to forward rotation, and so such rotation cannot be accomplished. Our treatment, therefore, must be directed toward removing this hindrance to the favorable progress of the labor at as early a period as possible, while rectification is least difficult. This may be aided by pressure with the finger against the brow during pains. In many cases this simple procedure will restore flexion, when, if the perineum is normal, the case may be left to nature. If, however, flexion cannot be thus restored, more efficient means must be used without delay.

If we can secure forward rotation of the occiput, flexion will be produced by the ordinary mechanism, and so to this end we direct our efforts, as we must also in those cases where the perineum is so damaged that it is unlikely to direct the occiput forward. Such rotation may be sought by means of external manipulation, rotating the head by pressure upon it over the pubes as well as by rotating the body, the head being released from the brim by plac-

ing the patient in the knee-chest position for a time, and then upon the side to which the occiput is directed. When the membranes are intact, or even in many cases where the membranes have already ruptured, if only the head is movable above the brim, this method will usually succeed. If it does not, greater power must be exerted, and this can be done in favorable cases, especially where the perineum has been lacerated, by the thumb and finger in the vagina. Otherwise the hand must be passed into the vagina, under complete anæsthesia, and the head elevated and rotated. If the child's body can be made to follow the rotation of the head, the new position will be secure; but if not, the head must be kept in place until the pains have caused it to engage, or forceps must be applied and the labor promptly terminated.

There remains to be considered the cases which are not seen at this early stage, or where the conditions were such as to promise a spontaneous successful termination, but where, for some reason, forward rotation has failed. These cases are much more serious, and whatever plan is adopted the results are likely to be more unsatisfactory. If forceps are applied and the head dragged down with the occiput posterior there must be great bruising of thematernal soft parts and a complete laceration of the perineum. If the forceps are used to rotate the head, the damage to the mother is likely to be even greater, while symphysiotomy, which has been suggested for this condition, seems scarcely necessary. objections to each of these procedures are so weighty as to force us to seek a better plan.

Although the liquor amnii has long since escaped and the head been crowded down into the cavity of the pelvis, it is often possible to push it up above the brim, and to accomplish rotation. Profound anæsthesia will relax even the uterus to a very considerable degree, and the Trendelenburg position causes the fœtus to tend to gravitate away from the brim. Under these favorable circumstances, a moderate but steady pressure upon the head will usually soon dislodge it, and raise it above the

brim, in which case flexion and rotation are usually possible. Even when at first the head seems immovable, a persistent pressure causes it to yield.

Podalic version is impossible or contra-indicated in these cases. It has been done at an early stage, before it was known whether any operation would be needed, but this seems unjustifiably "meddlesome."

For the impacted cases, craniotomy was formerly often resorted to, but it is now almost universally condemned unless the child is dead.

A General Consideration of the X-Ray in Medicine, Surgery and Medical Jurisprudence.*

By G. H. STOVER, M. D., DENVER, COLO.

The X-ray, as I understand it, is a form of radiant energy in many ways similar to light; its waves are transmitted through a number of substances impermeable to ordinary light.

It does not possess the power of exciting visual sensation in the retina, thus making it necessary for us to employ mediate devices in order to render its effects visible to us.

The impulses emanate from a point and proceed divergently from their source. This is the reason why the X-ray must be very carefully used and its findings carefully translated or it will give us apparently false information.

There are two methods of using the

X-ray; the first requires a fluoroscope. This is a light-proof box open at one end, this end being shaped so as to fit closely to the observer's face when he applies the instrument to his eyes. At the other end of the fluoroscope is a chemical screen; the screen is coated with a substance which fluoresces or glows with light when the X-ray falls upon it, the chemical side of the screen being inside the fluoroscope. ject to be examined is placed in front of the Crooke's tube so that the rays will pass through it; the fluoroscope is applied on the other side of the object; the relative positions of tube, object and plate are of importance, on account of the divergence of the rays. The ob-

^{*}Read before the Colorado State Medical Society, June 20, 1901.

ject should be as far as possible from the tube as is consistent with a good light in order that the image shall not be distorted owing to the great divergence of the rays near the tube. fluoroscope should be applied directly to the object as closely as possible to it, and the screen of the fluoroscope should be perpendicular to the rays passing through the object; we are thus not looking directly at the object under examination as is so often supposed, but we see only the shadow of the object. The fluoroscope is a very handy instrument; by its use we make the examination immediately, without waiting for further manipulation, as is necessary when skiagrams are taken; we are able to view the object from all sides, and in many instances in clinical work can show the patient himself what we have found. On the other hand, the fluoroscope does not give as clear detail of many things as does the skiagraph; it is not a permanent record; yet it is a great time-saver and is amply sufficient for many of the examinations for which the X-ray is needed.

The skiagram is a permanent record. To obtain this, the object to be examined is placed as close as possible to a sensitive plate such as photographers use, the plate being in a light-proof container of some kind which will not obstruct the passage of the X-ray, and with the film side nearest the object; the Crooke's tube is placed on the other side of the object and as far from it as is consistent with a good light; the time of exposure varies for different objects, depending on their thickness, density, the character of X-ray which

is being given off by the tube, and the nature of the information that is de-Two classes of tubes are used. the soft and the hard; a soft tube is one that gives on the plate the shadow of the soft parts; the hard tube gives on the plate only the denser parts of the As in the use of the fluoroscope, the relative positions of tube, object and plate are of the greatest importance in getting a shadow that shall be as free as possible from distortion; the plate should be perpendicular to the rays passing through the part of the object under examination. After the plate has been exposed it is developed in much the same manner as the ordinary photographic negative is obtained; a fast plate does not give a better result than a slow one. Prints may be made from these negatives as in regular photography; the negative is better for study than the print from it, for the reason that the details are clearer.

In studying these negatives, place them on the sash in the middle of a window in such a way that they will have the clear sky or pure white cloud as a background, with the film side of the plate away from you. If, for instance, the object examined was a right hand, taken with the palm next to the plate, you will see, when studying the plate, the right hand as if you were looking at it from the palmar side. A print from this plate will reverse the hand; that is, the print will apparently show a left hand from the palmar as-As the skiagram is merely the record of a shadow, you may rectify this reversal by imagining that you are looking at the object from the side opposite to that which was nearest to the plate when the exposure was made.

The X-ray is of the greatest use in surgery and dentistry in the detection of fractures and dislocations, and the finding of foreign bodies; there are some sources of error and some precautions to be taken that should be mentioned here. In a recent fracture of a long bone, if the fragments are in true apposition, the X-ray will not show a fracture line; the early callous is transparent to the X-ray and will not be shown; a little later the callous contains sufficient bony material to be revealed by the X-ray; effused blood is very opaque to the X-ray and will often obscure the bony parts in its vicinity.

Foreign bodies are usually well shown, except sometimes in the case of bullets imbedded in dense tissues, or when considerable blood has been effused. In these instances the bullet cansometimes not be seen. Small slivers of wood cannot be shown by the X-ray unless they are from wood that has been saturated by a paint containing lead; pieces of glass can be seen in tissues that are not too thick; glass, it may as well be said here, is more opaque to the X-ray than aluminum; needles are usually easily shown; lost Murphy buttons are located, as are also many of the objects swallowed by children. I have had two cases in which I have been able to see an open safetypin in the upper part of the esophagus; in one the pin was quite large and was removed by Dr. Craig by esophagotomy, with a succeeding complete recovery; in the other case the pin was a smaller one, and the surgeon in charge

of the case was not able to see it, though it was plain to me; he declined to operate, and twenty-seven days later the mother of the child brought to me the safety-pin, which had made the trip through the alimentary canal. It was a lucky thing that the pin did not cause serious trouble on the way. I will say here that the trained eye can see more, much more, in the fluoroscope or on the negative than one which is not trained to the work, and the X-ray expert's opinion should receive just as much weight as is given to the opinion of experts in other lines.

In searching for foreign bodies, it is not enough, as a rule, to see that they are present; they must be located, and for this purpose views must be taken from two or more points. A handy method with the fluoroscope is as fol-After getting the shadow of the foreign body on the screen, place on each side of the part in which it is situated, a metallic object, in such a way that the two metallic markers and the foreign body shall be in line; repeat this process from another point of view; then, by extending an imaginary line through each set of markers, it may be certain that the foreign body is at the point of intersection of these two lines.

Fractures of the skull are practically impossible of detection by means of the X-ray, because the light has to pass through two thicknesses of bone, one of them removed some distance from the plate, and each layer of the bone of very variable thickness at different points, making a very complicated set of lights and shadows on the plate.

In the thorax we are able to see consolidations, excavations, spots of anthracosis, aortic aneurisms, cancerous growths, and observe the movement. pulsation, size and position of the heart, and to measure the excursion of the diaphragm during inspiration and expiration. The liver is quite well shown as a rule, and if the stomach contains a quantity of food, or of some substance opaque to the rays, we may outline that organ. A mixture of muclage and bismuth, swallowed just as the examination is begun, is of value in rendering the esophagus and stomach visible. I am sorry to say that the X-ray is of no assistance in determining the presence or absence of tapeworm. . L. have had a number of requests for exlearn if they were harboring such an unwelcome guest. Gall-stones are so transparent to the X-ray that they are practically never revealed by its use.

It is coming to be held by many that the X-ray is of great value in finding stones in the kidney. My experience, referred to in another paper, has not been sufficient for me to express an opinion of this. I think it will often be a difficult matter: it should not be very difficult to find a stone in the bladder in many of the cases.

Floating cartilages in the knee-joint cannot, in most cases, be shown by the X-ray.

I think that the value of the X-ray in finding tumors of the brain is very problematical.

There are now recorded many cures of lupus by the use of the X-ray. Personally, I have treated only one case,

that one did not continue the treatment to a cure, though I feel fairly confident that a cure would have resulted in time.

Epithelioma of the skin is being treated with the X-ray, but I believe the value of the treatment is not vet proven.

The medico-legal status of the X-ray is a very important matter, as skiagrams are more and more being introduced as evidence in the courts. I very strongly take this position: A jury has no right at all to examine a skiagram. The proper sphere of the skiagram is in the hands of the experts who are to testify. It should be used by them simply as a means of information. in connection with the other means of examination used by them, and should amination from parties who desired to more be given into the hands of the jurymen than that they should be permitted to make use of the measuring tape, the stethoscope or the urinometer.

> The skiagram never gives an absolutely accurate image of conditions as they actually exist. The skiagram must be carefully studied, and what it shows translated in connection with the findings of the other and ordinary methods of examination. Its limitations should be remembered, and its sources of inaccuracy carefully borne in mind.

> Many of my hearers have practiced for a number of years, and in that time I suppose have treated numerous fractures of long bones, and have obtained many "perfect results." It would surprise you, gentlemen, if I could show you these "perfect results" with the fluoroscope. You would find that in very many of them there was not abso

lute apposition of the fragments; you would see a great deal of overlapping or bending, or the lump of callous that the picture shows. The skiagram is misleading to a jury, and it should not be shown to a jury at all.

Gentlemen, discourage the introduction of skiagrams in evidence at every opportunity you have. Do not allow a patient of yours who is suing an individual or corporation for damages to show a skiagram of the injured part to a jury. It is not proper evidence for a jury to see, and they cannot make a proper use of it. Some day, if the prac-

tice is kept up and becomes common, and you allow juries to compare your testimony with what they think they see in skiagrams, it is going to prove a boomerang to you, and for many years after such a practice becomes established, no man will dare to handle a fracture without the fear that he is pretty apt to be favored with a suit for damages from some one who thinks that his broken bone was not restored to its original design, leaving no trace to show that there had ever been an injury.

History of the Pioneers in Medicine in Lake County.*

By SOL. G. KAHN, M. D., LEADVILLE, COLO.

The history of the pioneers in medicine in Leadville and its vicinity dates from the boom of 1879, which reached its climax in 1880. Although mining was carried on in California Gulch from the spring of 1860, and at one time there were over five thousand people living in the gulch, very little is known of the people of that time, and the record of only one physician was obtainable, Dr. Henry H. Hewett, who was a combination miner, doctor, deputy United States marshal and deputy provost marshal for Colorado Territory, and when the practice was a little light, would devote his time and energies to pursuing horse thieves, deserters and Indians. Dr. Hewett lived in California Gulch from 1863 to 1866;

he then considered the camp played out, folded his tent, and moved to Georgetown, where he engaged in mining with some degree of success. In 1869 he attended a course of lectures in the Eclectic School of Cincinnati. after which he located in Denver, where he practiced until April, 1878, when the Leadville excitement once more attracted his attention. He returned to Leadville and remained from that time until the early eighties, when he moved to Aspen and was injured by the upsetting of a stage between Aspen and Glenwood Springs, and was taken to Denver, where he died from the effects of the injury. Dr. Hewett was the first county physician appointed for Lake county.

^{*}Contributed to the Report of the Committee on the History of Medicine, presented to the Colorado State Medical Society, June 18-20, 1901.

In 1877 lode mining was carried on by some of the California Gulch miners. H. A. W. Tabor grub-staked two Pittsburg shoemakers, August Rische and a man by the name of Hook; they discovered ore, and from this small beginning was developed the once famous Little Pittsburg mine. George Fryer and "Chicken" Bill Lovell found ore in the New Discovery. This started one of the greatest mining camps of the world.

The news spread rather slowly to the outside world. Transportation was carried on by freighters only, and the people living in the near-by settlements were naturally first apprised of the great find. Fairplay being the nearest of these, its population diminished very rapidly, and one beautiful morning in early May of 1877, one lonely doctor migrated from there and was seen wending his way over Mosquito Pass to the new Eldorado in search of gold. and it has been said that his search was not in vain This was the first doctor to locate in what is now known as Leadville. He is our friend. Dr. John Law, who is still in active practice in the city. Dr. Law has been closely allied with everything pertaining to the practice of medicine from the incipiency of the town to the present time. acted as coroner of Lake county in its early days (when pickings were good), and filled the offices of county and city physician for over ten years, and was on the staff of the G. A. R. Hospital, one of the first institutions of its kind in Leadville. He was also one of the founders of St. Luke's Hospital, which is still owned and controlled by him.

In 1877 and 1878 the men of pills and pellets, as well as those of other callings, came straggling into the new mining camp. The second physician who was lured here by the tales of the great find was Dr. J. Ernest Meiere, who came to Leadville from Georgetown in the spring of 1878. He was prominent in the medical profession of this locality, having been the first city physician of Leadville, and occupied many positions of responsibility during his residence in this community. Cripple Creek fever attacked him in the fall of 1806, when he migrated to that district, where he still resides.

From this time on it is impossible to ascertain the rotation in which the physicians appeared. The town had a mushroom growth, and the setting sun would disclose only a few doctors' signs, when the rising sun the following morning would show many ad-As near as can be learned. the third physician to locate here was Dr. Azor A. Smith, who came to Leadville in 1878, practiced medicine until appointed postmaster in the fall of the same year. At the expiration of his term of office he resumed the practice of medicine, which he continued until 1802, when he located in Anaconda, where politics again claimed him and he was elected justice of the peace. We last hear of him as a citizen of Baxter Springs, Kan., where he is engaged in the drug business, which he appears to find more profitable than practicing medicine in Colorado.

Prominent among the early practitioners of this district were Drs. D. H. Dougan, J. H. Heron, W. N. Burdick,

F. F. D'Avignon, O. H. Simons, J. J. Crook, Addison Hawkins, A. W. Eyer and A. C. and A. M. McClean. Only three of these are to-day residents of Leadville, namely, J. H. Heron, A. M. McClean and J. J. Crook. The majority are now reaping the harvest of their early labors. Some have abandoned the practice of medicine and are following other vocations. Only one of the above mentioned, Dr. F. F. D'Avignon, has joined the silent majority.

Hospitals.—St. Vincent's Hospital, the first hospital of Leadville, was planned and built by the Rev. Henry Robinson, assisted by Dr. John Law. doors were first opened in March, 1879. with accommodations for twenty-five patients. The hospital had no staff at that time. Any physician was privileged to take a patient to the hospital. The county and city patients were treated there. The first physician to be connected with the hospital in an official capacity was Dr. J. H. Heron, who was appointed in the fall of 1879. The hospital has been added to from time to time. To-day it accommodates seventy-five patients. The original building and several additions were of In the past twelve months a fine brick and stone structure with modern equipments has been built, testifying to the growth and necessities of the town.

The Union Veteran Association of Leadville was a body of men composed of ex-Union soldiers and sailors of the civil war, and such persons as were connected with the army in other than military capacity. They were banded together for the purpose of rendering

assistance to one another, and old soldiers and sailors in general. hospital facilities of the town being rather meager, the idea of a hospital and home for the exclusive use of sick and invalid soldiers was conceived. grant of 160 acres of ground had been given the association by act of Congress in 1870 for cemetery purposes on conditions that it be used for this purpose only. A hospital was built upon this ground in 1880 with a capacity for thirty patients, and was supplied with, at that time, modern conveniences. The hospital was continued as such until the organization of the G. A. R. in 1881, when in November of that year James A. Garfield Post was started in Leadville, and the Union Veteran Hospital was transferred to that organization and the name changed to the G. A. R. Hospital. It was discontinued in 1885. During the existence of the hospital all the physicians belonging to the association were elected to the staff. which consisted of Drs. Robert McDonald, J. C. Whitehill, O. H. Simons, G. H. Moulton and J. J. Crook.

St. Luke's Hospital of Leadville was originated and owned by four physicians of the city, namely, Drs. John Law, Oliver H. Simons, S. Arthur Bosanko and Alexander C. McClean. Its doors were first thrown open in March, 1885, with a capacity for thirty patients. The hospital has continued to flourish and has from time to time been remodeled and enlarged. Some time ago a fine operating room was added, and it is to-day one of the recognized institutions of the city. Another hospital of small capacity was in existence

a short time in 1879 and 1880, known as the Ladies' Relief Hospital, but it is difficult to learn at this date who organized it or by whom it was controlled.

The medical society of the county and district is known as the Lake County Medical Association. It was organized December 30, 1880, with Dr. H. Steinau as the first president. Nineteen physicians signed the charter list, ten of whom are known to the writer, and retain interest of some kind in our city. Only four are yet members, three being active, Drs. John Law, J. J.

Crook and J. H. Heron, and one, Dr. D. H. Dougan, has been placed upon the honorary membership list. The society does not hold regular meetings at present, but at times is very active. It frequently lies dormant for a few months, until something occurs to infuse new energy into the slumbering organization, when it will again flourish for an indefinite period. Its present membership is twenty. The society has done some excellent work and will, no doubt, continue to exert a beneficial influence over the medical fraternity of the community.

SELECTED ARTICLES.

Bloodless Reduction of Congenital Hip Dislocations.*

By WALTER G. STERN, M. D., CLEVELAND, OHIO.

As introductory to the value of the context of my paper, I would speak of a few points to which slight import has been placed when reviewing this subject. In the first place, in answer to many silent comments as to the importance and frequency of congenital hip dislocations, I would class myself with those who think it is a common deformity, both abroad and in America. Why does not the individual physician see more cases? Because people have been led to believe that the deformity is incurable and therefore do not come for treatment. In 1890 one writer

could collect but 341 cases occurring in twenty-five years. Since 1890 four of the great European operators alone handled over 1,300 cases (Hoffa, 177; Schede, 350; Ghillini, 100; Lorenz—who counts each hip as one case, 730).

At the Thirteenth International Medical Congress, held in Paris last year, the consensus of opinion was that hip dislocations were even more frequent than club-foot.

The walk of these patients is a very peculiar one. We have been content with saying that they limp or have a waddling gait, quite unconscious that

^{*}Read before the Ohio State Medical Society, Cincinnati, May 8, 1901.

neither expression describes or characterizes it. We can find a limp in a multitude of conditions from irritation of the foot to a true ankylosis of the hip. We see a waddling gait in many cases of marked bow-legs, also in many pregnant women. Trendelenburg, who has analyzed the gait in these cases, finds that it differs radically from other types of limping in that it consists of a sinking down of the opposite side of the pelvis when the patient stands or walks upon the dislocated side. The alternate rise and fall of the respective sides of the pelvis cause the waddling in bilateral cases, but in unilateral often leads the careless observer to a false diagnosis of which hip is dislocated, for he thinks, of course, the one which stands higher must necessarily be the good one, while the truth is just the contrary. Trendelenburg has named this mode of walking "Adductionsgang."

The object of the treatment is in many eyes simply to get rid of the deformity and the limping. This is only partially true. If these patients could limp through life without pain it would not inconvenience them so very much and would make them more useful members of society. Halsted states that 51 per cent. of all cases suffer severely from pain. The pain comes on after the twelfth or fifteenth year and many are rendered unable to take even a five minutes' walk on this account.

The bloodless reduction of congenital dislocation of the hip-joint is, of course, the oldest method of treatment, but, until the introduction of the modern aseptic technique made the bloody operation possible and thereby gave surgeons an opportunity to study the pathology and anatomy of the deformity, it was not successful because of the ignorance of the conditions and of the difficulties to be overcome.

Paci, of Pisa, brought out his "cura razionale" to be performed in four distinct tempos, but the method did not gain credence until Lorenz of Vienna used it simply to modify the open or bloody operation of Hoffa. Lorenz saw that after shaping the head to the acetabulum he could reduce the deformity without cutting any of the muscles by using Paci's method. Soon (after 150 operations) he concluded the preliminary opening of the joint to be no longer necessary and performed the entire operation in a bloodless manner. After several modifications and corrections, especially in improving the fixation, he was able to gain for his operation universal recognition and approval.

Not all cases are suited for the bloodless reduction, or, in fact, for any reduction at all. The age most suited is the fourth to the tenth year. the fourth year the difficulties are uncleanly habits, lack of control, disobedience in following out orders. the eighth to tenth years the head has too firm a position among the muscles to be brought down by any force we dare use to bring it to the level of the acetabulum. Each case is a law unto itself, and as our skill increases the age limits will be widened. The possibilities are shown by an operation by Professor Lorenz in June, 1900, where, at the sanatorium of Dr. Furth, with the aid of several assistants, he reduced

and fixed perfectly the hip of a strong, robust girl eighteen years old. shape and direction of the head are also important factors which, luckily, can be made out by palpation or by X-ray. The head which is too large, or is extremely small, or is bent too far downward and forward on the neck of the femur, gives a bad prognosis as to the stability of the reduction. The prognosis as to cure is good. Lorenz reports less than 10 per cent. of total failures; other writers, many of whom were former assistants of Lorenz, do not report such brilliant results, but taking into consideration the fact that many of Lorenz's cases are sent to him by these very operators after they have been reported as failures by them, his figures become the more remarkable as they are strictly true.

In brief the various steps of the operation are as follows: The thigh is strongly abducted and the adductor muscles are torn from their attachment by chopping or sawing with the edge of the hand. This must be complete as this group of muscles prevents the superabduction so necessary to keep the limb in place after it has once been After the muscles are torn through the limb is stretched to pull the head down to the level of the aceta-When this is reached, the thigh is flexed and extended vertically upwards at the same time making pressure behind upon the trochanter so as to force the head forward. Then, still keeping the hand or wedge beneath the trochanter to act as a fulcrum, the leg is abducted and the head slips over the posterior rim of the acetabulum with a

distinct snap. The head is now in the acetabulum but has no tendency to stay there, and becomes redislocated as soon as one attempts to straighten the limb. To overcome this the hip is reduced and redislocated several times, the joint is rotated and pressed in so as to bore out the acetabulum. In cases of greater difficulty Lorenz attempts the reduction over the upper rim, which consists of making traction upon the thigh by means of a skein of yarn slung about the leg and pulled rythmically by several assistants. The use of the screw for this purpose has been given up on account of the danger of fracture. The leg must be rotated inward to guide it to the acetabulum, while countertraction is made by means of a perineal band.

The physical signs accompanying a successful reduction are easily demonstrated and cannot be missed. The leg becomes as long as its normal companion; the hollow Scarpa's triangle becomes filled up and the head can be palpated beneath the femoral muscles. The knee becomes flexed from shortening of the hamstring muscles. The snap, which is felt and heard at each reduction of the joint, can often be made out by observers several feet away. Upon redislocation all the above signs disappear.

The second step in the operation is to turn to use what has been gained in reducing the head. As I have already mentioned, the head slips into the acetabulum only after extreme abduction combined with flexion and internal rotation has been attained. Any lessening of this extreme position allows the thigh to become redislocated. There-

fore, Lorenz fixes the limb by means of a plaster cast in this extreme position, and after the first few days of pain and restlessness pass away the flexed limb is fitted with a high shoe so as to enable the child to bear its weight upon In this manner the child is encouraged or rather forced to run about all day on this limb so as to allow of the functional burdening of the head and This pressure soon digs acetabulum. out a new joint which is easily demonstrable by means of the X-ray. Crutches are never to be used for they defeat this purpose. After six months the cast is removed, the leg brought nearer to the horizontal and a new cast applied: finally after eight to twelve months the cast is taken off altogether and a high shoe is placed on the sound leg to preserve a small amount of abduction; this with massage, electricity and gymnastics complete the cure:

The question naturally arises, where does the head of the femur rest after reduction? In the vast majority of cases it fits into the rudimentary acetabulum and here bores out a firm hold for itself, very much in the same manner in which fractures tend to form false joints. In a smaller number of cases the head slips forward and comes to rest just beneath the anterior superior spine, where it has a firm bony support, permitting free motion with a minimum of limping, but the limp is no longer the slipping and sinking of the pelvis as in the "Adductionsgang" of Trendelenburg.

The results of the bloodless operation upon the appearance, walk and comfort of the patients are quite marked. The buttocks lose their flattened appearance, the hip is not so prominent, the limp has disappeared, the leg is longer and the ability to walk markedly increased. It is, indeed, often impossible to tell upon examination which hip has been dislocated. Professor Ewald demonstrated such a case to the class in clinic Albert. Several of Professor Lorenz's cases have been denied by other observers, because after a few years they found no traces of the deformity. Professor Frank showed a patient at the meeting of the Frankish Physicians at Nurnburg in 1900, where upon close examination they were unable to demonstrate anything wrong with the hip. Dr. Royal Whitman presented a case to the New York Academy of Medicine in 1898, where, in his own words, "The perfection of the cure was further assured by the fact that it was impossible to determine upon examination which hip had been operated upon." nod presented a similar cure to the Society of Paris Surgeons, February 22. 1899.

Bilateral cases are treated just as satisfactorily. The limbs can be operated upon, both at one sitting, or after the first is cured. When both are operated on at once the spread-eagle appearance of the limbs renders locomotion more difficult, but with the aid of a cane the children hop about quite lively and soon learn to pick up objects from the floor.

There is but one danger connected with the bloodless reduction, namely, that of fracture of the neck of the femur. In older children, where the head is tightly held by powerful mus-

cles, the danger is not a remote one. There is absolutely no danger from rupture of nerves or blood vessels.

The results depend largely upon the skill and perseverance of the operator and upon the faithfulness with which the after-treatment is carried out. One does not always succeed in reducing the dislocation at the first attempt, or in keeping it reduced; but one or more mishaps do not necessarily mean a failure as cases have been reduced after three or four attempts. Anatomically perfect results have been proven in about 50 per cent. of cases. Few have come to autopsy; among these is a case by Nore Josserand, where, after death, there was anatomically an ideal result. Hoffa, who was the father of the bloody operation, has adopted it in certain cases. Schede of Bonn, who with Mikulicz advocated the use of machines. has given the latter up entirely; the

American orthopedic surgeons have adopted it with some reserve, while in France it has converted all but Kirmisson. Ghillini reports over 100 bloodless operations with extremely satisfactory results, while Codivalla, reporting the cases at the Orthopedic Institute at Bologna, has been successful even in subjects seventeen years old.

The superiority of the bloodless reduction of Lorenz over the older bloody method lies in the fact that the dangers of sepsis, hemorrhage, shock, and, above all, the subsequent ankylosis which is such a frequent termination of the open operation are avoided. The consent for the bloodless operation can be more easily obtained, the results are equally if not more certain than in the opposing operation, while the motion, function and power of the joint are restored to almost their normal conditions.—Pediatrics.

The Specialist and the Family Practitioner.

Editorial in the American Gynecological and Obstetrical Journal.

There is at the present time much discussion of the relative positions of special and family practitioners with occasional gloomy articles on the "passing" of the latter, which leave one with the impression that within a few years they will come to be regarded with much the same respectful curiosity that we lavish upon the shelved fossils of a bygone geological age. A much more rational view of the relationship, in so far as gynæcology is

concerned and, by analogy, most of the other specialties, is presented by Dr. Edward Reynolds in a very able oration delivered before the Maine Medical Association on the "Use of Gynæcology by the General Practitioner." A few sentences sum up the general proposition so well that we quote them:

"It has been true in the past, and it will be true in the future, that when the specialist has once thoroughly assimilated and promulgated an item of such knowledge, it passes rapidly into the possession of the general profession, and the specialist must therefore look for his hold on practice to the constant acquisition of fresh advances. If specialism is to be continued, those who pursue a specialty must be constantly advancing, must be always in advance of what is possible to those who bear the burden of a general practice of the whole range of medicine; and I believe that the attitude of the specialist towards the general practitioner should always be that of helping him to manage his patients, rather than that of using his position merely as an advertisement to attract practice from the general practitioner. This is not only the better and more elevated position. but the one from which the specialist will most surely reap his own reward."

The history of gynæcology illustrates these points. It is to specialists, and moreover to American specialists, that we owe the inception and early growth of gynæcology; at first they confined themselves almost entirely to what could be learned and done per vaginam, and in their hands the plastic surgery of the vagina was rapidly developed. From the tribute that Dr. Reynolds pays to these pioneers we perhaps may be allowed to quote the following: "We shall probably never see again so finished a master of this work as the sole survivor of this brilliant group, that charming old man, the venerated and admired Thomas Addis Emmet." The development of the abdominal side of gynæcology, in England as well as in America, followed shortly after and, as knowledge advanced, the ease with

which these operations could be done led to two results: First, a period of somewhat reckless and indiscriminate operating, from which we are now happily recovering; secondly, to the assumption by the general surgeon of abdominal surgery. Dr. Revnolds. however, does not believe that gynæcologist's field of practical work should be limited by this assumption; in the statistics of nine large hospitals having gynæcological departments he has found a mortality of 6 per cent. in the gynæcological cases treated by the general surgeons and a mortality of 3.8 per cent. in similar cases operated upon by the gynæcologists; and, if there be this difference in the immediate mortality, it is fair to assume that there would be a yet greater one in the ultimate therapeutic results. But to the general practitioner there remain many cases both among the women who formerly would have been subjected to operation but are now considered amenable to conservative treatment among those to whom a specialist is not accessible. What use the general practitioner shall make of the specialist, and upon what general and special lines he shall treat his gynæcological patients when he does not consult the specialist. are the questions to be considered.

The first matter is diagnosis. Dr. Reynoldsmaintains that the greater part of gynæcological diagnosis depends upon symptomatology, a fact that is too little realized and a side of the science that is too little taught. The general practitioner, much less the medical student, cannot hope to gain the certainty of touch that the specialist spends

years in acquiring; but all may familiarize themselves with the symptomatology. The first point is to decide whether the symptoms of a given case are really of pelvic origin or not, and, in the absence of sacral backache, pain in the groins, bearing down or dragging sensations in the pelvis and derangement of micturition, we may generally rule out such origin. however, such symptoms are present it is necessary to examine, to decide whether such lesions as may be found are really of importance and bear upon the symptoms complained of, and, lastly, the most important and most often neglected measure, to inquire thoroughly into possible constitutional causes for the local symptomatology. Most gynæcologists will agree that fully 50 per cent. of their cases suffer from defective elimination, and, while we are accustomed to remember somebody's witty definition of a woman, as a constipated animal with a pain in her back, we are not sufficiently alive to the fact that the elimination of solids by the kidneys is often as deficient as by the bowels; most women drink far too little water, and it appears to be a matter of great difficulty and patient training to get them to take a sufficient This defective elimination, quantity. general diatheses and all constitutional errors certainly belong as properly to the general practitioner as to the specialist, and must be altered, even though there be definite pelvic lesions requiring definite special treatment, before a cure can be expected. Certainly, except in cases of emergency, they should be corbefore operative treatment rected

should ever be considered. In the question of operation again too little stress is laid upon the symptomatology, too much on the physical examination; the mere detection of a mass in the pelvis does not necessarily mean that an operation is required nor, in the presence of urgent symptoms, does a lack of physical signs or an inconclusive examination contra-indicate operation. These are the cases that require the utmost skill, experience and judgment, and the general practitioner, whether surgeon or medical man, should seek the opinion of a gynæcologist.

Too little attention is paid by the average practitioner to the changes incidental to puberty and to the menopause; both periods may be said to be in actual progress both before and after the actual menstrual appearance and cessation and both of these critical times, as well as each menstrual period, should be the subject of careful consideration and advice on the part of the family practitioner. Probably all disturbances at the menopause are really abnormal, and, while not all demand treatment, they should be carefully observed, the possibility of serious trouble borne always in mind and so far as possible anticipated. Especially at what may be considered presumably the end of the child-bearing period and before the actual climacteric all lacerations and other injuries incident to child-bearing should be re-Above all, the possibility of cancer should always be remembered, and the very slightest symptom thereof should lead to the most exhaustive ex-

amination; here the gynæcologist should be consulted at once for it is these cases more than any other that the general practitioner is likely to bring to the consultant only when it is too Many of the tubal and ovarian inflammations due to the gonococcus do well under expectant treatment, the patients recovering their health and retaining their ovaries though in most cases they remain sterile. On the other hand, the prognosis of the streptococcus inflammations without operation is almost uniformly bad. In these cases the guidance of the specialist should be sought. Another subject to which gynæcologists are devoting much attention of late is the urinary diseases of women. Most of these cases have hitherto been classed rather roughly as cystitis, and, except in the acute cases, the routine treatment generally accorded them has been practically valueless; such cases as are really chronic cystitis skilled operative treatment, require while many that are so diagnosed present in reality some entirely different condition, frequently some serious kidney lesion, perhaps urethral injury or functional disturbance due to pelvic inflammation, and, again, require the offices of a specialist.

Too much and too little consideration has been paid to the psychological side of gynæcology. The insufficient attention bestowed upon the disturbances of puberty and the menopause has been spoken of. So far, however, as merely mental and nervous symptoms alone are concerned, no operation should be undertaken upon such pelvic abnormalities as may exist with the

idea of relieving the former until all possible causes have been excluded and it has become "more than evident" that the pelvic condition is the real ætiological factor. Extremely rarely will this be found to be the case. case of married women questioning will often reveal some perversion the sexual habit, from ignorance rather than from viciousness, but no less dele-The wise practitioner can exert a very wholesome influence in these cases and merely by good advice relieve many of these symptoms. In fact there is too much prudery about all sexual matters and perhaps the influence that the conscientious family physician should exert upon the men among his patients may be considered no very far remove from prophylactic gynæcology. For the only hope of a remedy for the co-called social evil lies, not in the regulation of prostitution or other similar measures which prove inefficient even when they can be instituted at all, but in a higher standard among men, who are, after all. the ultimate causes of prostitution. Whether or not the physician concern himself with the moral and economic aspects of the question, there are very cogent physical arguments which men realize often for the first time when they see them in their own proper persons or perhaps in the persons of their wives and children, and it is possible that the family practitioner might do more than he does in the way of efficient warning to make the public understand these ultimate results as the physician sees them or even as he can

describe them. At least the risks and remote as well as immediate consequences should be laid fairly before men; this it often becomes the duty of

the family practitioner to do, and in this way he may save at least some innocent wives of the future from needless suffering.

A. D. C.

COMMUNICATIONS.

Plea for an Industrial Sanatorium.

DENVER, Colo., Jan. 2, 1902. In coming to Colorado from East or South one is at once impressed with the number of people who have preceded him, drawn hither in hope of benefit likely to accrue from touching the sunshine and breathing the rarefied air of the mile above sea level atmosphere. This condition brings to Colorado people a heart-breaking problem which is now and ever increasingly impressing itself deep into our very souls. It is the question of providing for the host of tubercularly inclined or infected young men who are daily coming to us, introduced from all quarters of this and some from other lands, many of whom are wholly without funds or friends.

A leading magazine article said recently: "The contemplated action on the part of California to keep American citizens of another state from entering because of a communicable, chronic affliction brings the tuberculosis problem to the very doors of every state in the Union."

It comes to none with so great a force as to our own Colorado, and to no city of our state with equal strength

as to Denver, and certainly to no other organization within our city and state with such appeal as to the Young Men's Christian Association, representing the inter-denominational interests of nearly two hundred thousand people in Denver alone. As is well known, Denver is located on a Rocky Mountain plateau, with unrivaled climate, boasting almost continual sunshine throughout the year.

Well informed people assert that more than half the permanent population and a great majority of the transient public of Denver are here directly or indirectly for climatic advantages.

The men being daily added to the number is astonishing. As an association, we receive them, introduced from everywhere and craving our personal interest, brotherly advice, help to positions, or lodging, board, nursing and medical attendance. The same is true of Colorado Springs and others of our cities and towns.

Of these two classes, if by lucky chance we find a position for the young man who thinks himself still able to work, it does an injustice, first, to himself, because incapacitated for heavy

physical labor; and second, to some sound man crowded out because he cannot compete in wages with the semi-invalid willing to work for even half a living while he must remain in this altitude.

I have known repeatedly of clerks on \$12 per week having been displaced by the equally competent, if not really strong health seeker, at \$6 to \$8 per week. While this condition is not the rule, as sound men are preferred, it is the exception, which proves that something should be done for the larger class of the two mentioned, able for only a limited amount of work, and that, to be beneficial, should be taken out of doors.

For these we secure all available places, but the supply is inadequate to the demand, and often the work is too heavy. For them we are glad to do to the limit of our ability and beyond it, but with the multitude of calls it is impossible to respond to every request. In only three instances, in a four year's experience here, have the parties sending young men to us offered to stand back of us with the needed financial assistance.

This condition imposes upon our cities and towns a burden which does not rightfully belong to Colorado alone, but should be shared in some with measure every community whence these sick people come. tainly every lover of humanity intrusted with wealth should turn a listening ear, for the free hospital of any city is far from being comfortable and inviting, and will not give the special care necessary in this trying disease

except in seriously ill cases of the poverty-stricken class, while the only well equipped consumptives' home in Denver requires as the minimum charity rate \$9 a week, which does not include medicines, medical attention, meals in one's room, nurse, etc.

By these experiences the conviction is brought home with great force to our association directors in each city association, and to the members of the Colorado state executive committee. that their plain duty and high privilege is the securing and equipping of a large farm where they can offer these unfortunate brothers a sanitary home. nourishing food, Christian environment and skillful medical attention. this to be provided at a price within the reach of people of average financial ability and where necessary and possible in return for such out-door work as they may be able to give, thus shielding them from the chagrin of accepting public charity, relieving their minds of care, providing wholesome living, and giving them the opportunity of making themselves well. Those wholly unable to pay should be cared for by special funds or by the people who were related to them in business or blood ties in the localities where they resided before removal to Colorado.

If a poor clerk who, perhaps, has a wife or mother dependent upon him, becomes infected with tuberculosis, it is not charity to place him in a hospital and support his family for him, for at that moment he becomes an object of pity, and begins at once to lose the hope, grit and self respect which are not only essential for the recovery of

tuberculosis, but essential to life. The way to render such an unfortunate man a true charity is to put him into surroundings where the climate will not only raise his lowered resistance. but enable him at the same time to find occupation for mind and body. very hope which such treatment would inspire in the breast would act as a tonic and tissue builder, the like of which no earthly chemist could com-If our rich men and women, while they are bequeathing large amounts to colleges, libraries, monuments, art galleries and the like, would place a certain sum aside for the temporary relief of consumptives in a camp or farm bearing the name of the giver, what more worthy monument could be erected?

The Outlook well says that the plan we propose deserves wide publicity, and accords with our reasonable suggestion that a burden is imposed on Colorado which should be shared by the communities whence it comes, and by the humane and wealthy especially.

Worthy as are the many public interests to which large gifts are constantly being made by public benefactors, there is equal merit in the appeal which our associations of Colorado make for the means to establish the proposed health farm for the invalids contributed to our state from here and elsewhere and everywhere.

From reading the Outlook's approval of the proposed philanthropy, Dr. Edward P. George of Hanover, Germany, became interested and instituted correspondence, making inquiry which, after several letters had passed, resulted

in a cablegram from Dr. George contributing outright two lots and improvements thereon located at 2430 Market street, Denver. These lots and improvements are to be used by the state executive committee of the Colorado Young Men's Christian Association in furtherance of the fund needed. The property is not salable at present, but is bringing a monthly rental of \$40 per month, which, after paying fixed charges of the property, is deposited to the credit of the fund.

Our present need is sufficient funds for a beginning. We ought to have \$100,000 as a minimum, but the enterprise should not be compelled to wait longer. If we could secure \$35,000 by spring the work could be undertaken without the loss of another entire year. The coming harvest-tide ought to mean bread and hope and one sure step toward health for scores of young men. The ground ought to be ready for the seed in the early spring. The young men ought to be at work in March or April, if not before. All this winter the burden will increase. We cannot proceed without help. Our own sons and the sons of our friends are hieing hither for health and help. What shall be done with Colorado's burden?

The carrying of this proposed philanthropy to a successful issue was one of the last desires and plans of the lamented D. L. Moody. A few weeks before that lingering illness which called him away, Mr. Moody became deeply interested in this work and proposed a personal canvass on its behalf by the Colorado state secretary and himself. Mr. Moody, with his tender, sympathetic nature, was quick to comprehend the urgent need of Colorado in this matter, and he was melted to tears on hearing some of the pleas that come to Denver from young men whose lives depend on some such aid as is herein proposed. We must find some way of helping to bear Colorado's burden. Mr. Moody's interest sprang from a thorough personal knowledge of existing conditions in Colorado. He gave that state a much longer visitation than was customary for him. He was in Denver three weeks, and spent an equal period in other portions of the state. He studied this question closely and was eager to assist in finding immediate and practical relief.

With some such fund as mentioned we could secure a tract of land, fertile and well watered; construct suitable buildings thereon, and supply the farm with necessary stock and implements. At the present time if we had the money in hand, a very desirable site of sixty acres west of Denver could be secured at a very special price. Such standard labor as might prove actually necessary beyond the labor of beneficiaries might be employed. A competent board of advisors would be in charge, with the full authority of a governing board.

The wisest management would be necessary to make the enterprise fully successful. Farming under the most favorable conditions by standard labor seldom nets the land owner above a fair annual interest on money invested. To make the farm a source of revenue, therefore, would not be possible. properly launched and wisely managed, however, it would certainly be of great assistance in relieving Colorado of this burden (and would be, too, a sure blessing in time to the lives of thousands of young men. As long as a young man has any capacity for labor and hope of cure, he is entitled to a fighting chance for life. The health farm would afford this opportunity. It would give labor, bread and hope and make possible the ultimate cure of many a deserving young man.

This is our appeal. What more shall I say? Great credit is due the *Outlook* for what has been done through its friendly columns. Dr. George in far away Germany has helped. May it be that many nearer home will soon come to the rescue and help to bear Colorado's burden.

Yours very truly,

W. M. Danner, State Secretary Y. M. C. A.

John S. Anderson, assistant surgeon of the United States Marine Hospital Service, has been detailed by the president to go to Liverpool and investigate the outbreak of the plague there.

Small-pox has greatly increased in Vienna since the onset of cold weather.

During the first eleven months of 1901 the State Hospital at Rock Springs, Wyo., accommodated 405 patients. Of these 166 were medical and 239 surgical.

A Virchow institute is to be established in Moscow.

THE COLORADO MEDICAL JOURNAL

AND WESTERN MEDICAL AND SURGICAL GAZETTE

A Monthly Journal for the Medical Profession of Colorado and Adjoining States.

WM. N. BEGGS, A. B., M. D., ALLISON DRAKE, Ph. D., M. D., **Editor and Publisher Associate Editor**

DEPARTMENT EDITORS

MEDICINE—	
Respiratory and Circulatory Organs	A. S. TAUSSIG, M. D.
Disestive Tract	C. D. SPIVAK M. D.
Tuberculosis	WM. N. BEGGS, A. B. M. D.
Neurology and Alienism	B. OETTINGER, M. D.
Pediatrice	CLINTON G. HICKEY, M. D.
Therapeutics	A. ZEDERBAUM, M. D.
Physiology	ALLISON DRAKE Ph. D. M. D.
Obtitual mology and Otology	MELVILLE BLACK, M. D.
Laryngology and Rhinology	
Gynecology and Obstetrics	CLARENCE L. WHEATON, M. D.
Diseases of the Genito-Urinary System	DONALD KENNEDY, M. D.

LOCAL EDITORS:

Colorado Springs, ColoFrank L. Dennis, M. D. I	Leadville, ColoSol. G. Kahn, M. D.
Cripple Creek District, ColoM. D. Gibbs, M. D.	Pueblo, Colo
Fort Collins, ColoP. J. McHugh, M. D.	Trinidad, ColoJames Gill Espey, M. D.
Fowler, Colo	Wheatland, N. DEdward Chase Branch, M. D.
Greeley, Colo	Reno, Nev
La Junta, ColoFrank Finney, M. D.	Las Cruces, N. MJ. Frank McConnell, M. D.

Subscription, \$2.00 Per Year, in Advance.

Single Copies, 25 Cents

ORIGINAL ARTICLES. CLINICAL REPORTS, CRISP EDITORIALS. SOCIETY REPORTS.

CORRESPONDENCE.

NEWS ITEMS.

Invited from the Western States of Utah, Wyoming, New Mexico, Kansas, Nebraska, Arizona, but particularly from Colorado.

All matter intended for publication in the next issue should reach the editor by the first of each month. Each contributor of an article will receive ten copies of the Journal containing his article, upon application.

reasonable number of illustrations will be furnished by the Journal free of charge if suitable drawings or photographs are supplied by the authors.

Address all communications to

THE COLORADO MEDICAL JOURNAL, Physician's Building, Denver, Colo.

Vol. VIII.

DENVER, COLORADO, JANUARY, 1902.

No. 1

EDITORIALS.

A CHANGE.

With this number some changes in the staff of the Journal will be made which are worth a few words of comment. The list of collaborators is done away with. To some whose names have appeared in this list we owe our heartiest thanks for numerous

favors and cheering words. To others we owe nothing. Some have been collaborators in the true sense of the word. They have favored our readers with the good work of their fertile brains. Others have been practically non-esistent so far as any evidence of their vitality has appeared in these pages.

The JOURNAL has no place for the

drone. A collaborator is of value to it only in so far as he gives evidence of his worth. The name of no man, no matter how able he may be or high a position he may occupy, is of the slightest importance to the JOURNAL or its readers simply as a name. On the other hand, an active support and interest of the members of the profession from the proudest to the humblest is of great value.

In most journals the list of collaborators is a delusion and a snare. A great majority of them are willing to have their names published for advertising purposes pure and simple. An examination of the files of a great number of our medical publications will show that for the past year, perhaps for years in succession, their pages do not reveal the slightest production of the pen or brain of those ostensibly standing as its godfathers. This is so well known that comment is scarcely needed.

With this number the list of collaborators is supplanted by a list of editors, departmental and local. These are men representative in their own community and in their special lines of work. Without exception they have accepted their editorship with a distinct expectation of taking active part in the management of the scientific pages of the JOURNAL. They are editors in the full sense of the word.

In the conduct of the department of progress of medicine some deviation will be made from the plan usually pursued. Simple abstracting, valuable as it is, will give way to that which is more. Its place will be taken by critical

discussions, comprehensive reviews and editorial comments.

In organizing a staff of local editors the Journal is more distinctly reaching out to localities outside of Denver and the state of Colorado than has characterized its policy heretofore. A broader field and a broader interest will mark its future efforts. Each local editor will be expected to advance, so far as lies within his power, the interests of the profession in the district falling under his jurisdiction.

Experimental is the change. Improvement is the purpose.

DENVER EMERGENCY HOSPITAL.

There are two movements under way in Denver which give promise of permanent and not inconsiderable benefit. These are the organization of the society for the establishment of an emergency hospital in the city of Denver, and the agitation having as its purpose the founding of an industrial sanitarium for consumptives in the neighborhood of that city. Such institutions have long been needed here.

Denver has a fair quota of general hospitals. That they fill an existing need is shown by the fact of their being constantly crowded to their utmost capacity. They do not, however, cover the entire field of hospital needs in their locality. But one of them accepts consumptives who are able to pay, and these are not especially desired by its managers. The other two hospitals accepting indigent pulmonary invalids

have their capacity taxed to accommodate even a portion of the deserving sick. In one, the Arapahoe County Hospital, a residence of sixty days in the county is a prerequisite for admittance in any case except accidents. This leaves a vast field open for hospitals to be devoted to emergency cases. Acute medical cases, obstetrical cases, surgical cases of not extreme urgency and yet such as can scarcely be called minor—all of these among the poor fail to find adequate provision for their care at the present time.

It is hoped that at not too long a time from the present this provision will be made. An association for the establishment of such an emergency hospital has been formed with the following directors: Dr. W. W. Grant, president; Mrs. S. A. Wheeler, vice president; Thomas Keely, treasurer; Dr. Frank Whipple, secretary; Charles Thompson, Dr. J. T. Eskridge, Dr. W. K. Robinson, Dr. Frank Dulin and Dr. J. N. Thomas.

The need of an industrial sanitarium in a district so sought by chronic partial invalids as the Rocky Mountains is so well set forth in a communication from the state secretary of the Y. M. C. A. that attention is called to that article. It is a matter of congratulation that the need for such an establishment has been recognized as indicated therein, and that the work of furtherance has been undertaken by such a man and such an institution. It leads us to hope that the fulfillment will not be so very far distant.

THE FIGHT AGAINST CARCI-NOMA.

It has been shown by statistical evidence from those zones where malignant disease is exceedingly prevalent that carcinoma is slowly increasing.

In view of this fact the vigilance of the surgeon must not be relaxed. The only hope of prolonging life is in early recognition of the disease and prompt surgical intervention.

In the issue of this number of the JOURNAL attention may be called to the Beatson operation as applied to Abbe's cases, quoted in the Department of Obstetrics and Gynecology.

In 1896 Beatson of Glasgow made his first suggestion regarding the treatment of inoperable mammary carcinoma by oophorectomy. He was informed that milch cows were spayed by certain farmers, the result being a more permanent maintenance of their milk supply.

It has been shown that in lactation the mammary epithelium rapidly multiplies the cells undergoing a fatty degeneration, breaking down and appearing in the milk.

In carcinoma there is a rapid multiplication of the mammary epithelium, but it fails to undergo any degeneration and is not cast off, remaining to distend the acini and penetrate the lymphatics.

Beatson reasoned that as oophorectomy in the cow maintains fatty degeneration of the epithelium of the lactating breast, such a change might be brought about in the epithelium of the breast undergoing carcinomatous

degeneration.

Boyd, in 1900, published forty-one cases of oophorectomy for mammary carcinoma, 37 per cent. clearly showing considerable benefit.

One of the successful cases reported by Abbe was that of a woman 70 years old, showing that while the menopause may have produced atrophic changes in the ovary, its functions had not entirely ceased.

C. L. W.

POLITICS IN MEDICINE.

The address of the retiring president of the Denver and Arapahoe County Medical Society, held January 14, and published on page 1 is such as to commend itself to the perusal of every member of our profession. The topics discussed are not of only local interest although of special importance in Denver.

The evils resulting from the influence of politics upon medical men and medical ideas are too apparent for us to cavil at a discussion of them at any and all times. The politician we have with us always. He has a direct interest in making all things bend to his purpose. The control of medical appointments is of course but another element in the growth of his power.

The entry of politics into the management of our public hospitals has always been decried by the leading members of our profession. It is an evil unquestionably, and should be uprooted. Its existence is due to the patience and endurance, even the tacit consent, of the profession at large. Unfortunately

there seems to be no practical method of putting a stop to it.

Until a few years ago politics did not dictate the appointments of physicians to the staff of the Arapahoe When the first County Hospital. changes were made on that account they aroused mingled indignation and Indignation among the approbation. members of the profession generally in that politics was the all influential factor. Indignation among the friends of those not reappointed, because it was a rebuke to the faithfulness of their long service rather than a reward. Approbation from the friends of the new appointees, because the advantages of the hospital were extended over new fields.

This subject has been discussed before now in the JOURNAL, and plans suggested which we believe would be for the better interest of all concerned. The evils of political methods in medical appointments are readily understood and are dependent upon the indifference and inertness of those of the medical profession not immediately concerned and the selfishness of those whose interests are more directly at stake. already mentioned, when the changes were first made on political grounds indignation was aroused, but no fitting rebuke was given. The same condition has existed at each successive appointment of the staff. Those who held positions have been very active to bring political influences to bear to secure their reappointment. Those who were on the outside were just as energetic in pulling wires to secure the plums for themselves. We have not heard of any

resignations from the staff caused by the political character of the changes made, nor have we heard that any of those reappointed, at any time, were considering any such step as an expression of their righteous indignation. Great is virtue, but still greater is personal preferment.

Just as this number of the JOURNAL

goes to the press the unexpected deaths of Dr. Clayton Parkhill and Dr. J. T. Eskridge of Denver become known. They represented the highest type of our local medical profession in their lines of work. The vacancies thus made in our ranks will long be felt by their confreres. In our next number we shall give a more adequate expression to their worth and a more fitting testimonial to their characters.

PROGRESS OF MEDICINE.

Gynecology and Obstetrics.

Oophorectomy for Carcinoma.

Abbe, in the *Medical Record* for December 14, 1901, reports several cases in which he performed oophorectomy for recurrent carcinoma of the breast.

Case 1. Single woman, 42 years old, menstruating. operated Was eighteen months ago by Dr. H. C. Cole for malignant mammary carci-Two months later she presented herself with a recurrent and another malignant growth in the opposite breast about the size of a hen's egg. The recurrence around the scar consisted of about a hundred small nodules covering an area four by seven inches; the central part formed a mass in a solid cake. which was attached to the ribs and involved the pleura, with evident recurrence within the pleura.

There was a pleural effusion rising to the level of the fourth rib. The infraclavicular glands on the operated side were involved, and on the opposite side a large chain of glands extending from the breast to the axilla.

No operation was done upon the recurrent disease, but on March 4th of the first year both ovaries were removed, there was a quick convalescence, and in one week slight changes were noted in the nodules near the old mammary scar.

In two weeks most of the nodules were becoming pale and flattened, the flattening resembling umbilication, in some a ring of hard tissue remained. In four weeks almost all the nodules had disappeared and the tumor in the opposite breast was becoming smaller. At eight weeks, when the patient was shown to the Practitioners' Society, every vestige of cancer that could be felt had gone and the invaded tissue showed atrophy. The fluid and dullness, however, remained.

The disappearance of the cancer re-

currence was in every instance in the order in which the nodules had consecutively appeared. The last to disappear was the axillary glands on the side not operated upon.

The patient was next seen in midsummer four and one-half months after oophorectomy. She seemed perfectly well and no trace or recurrence of the carcinoma could be observed. The fluid level in the chest seemed an inch lower, but an examination was not convincing.

The patient was not seen again until three months later, October, 1901, when it was found that she had aphonia and a little hacking cough from pleural extension. She did not look as well and had lost weight.

Palpation of the atrophied spots representing the original nodules of recurrence showed a little thickening of some, but at least two-thirds of the recurrent nodules had permanently disappeared. The opposite breast, from which the tumor entirely disappeared, showed enlargement and a diffuse fibroid thickening, without pain or nodules. The patient had taken thyroid after operation, but had taken none during the two preceding months. She was advised to renew this. then there has been no material change in her condition.

It is presumed that in the cases reported by Dr. Abbe the diagnosis of malignant disease was made after careful pathological examination.

In view of the increasing mortality from carcinoma and our inability to successfully treat it either medicinally or surgically, Dr. Abbe's paper is important and worthy the consideration of every surgeon. Dr. Dennis believes that after six months duration carcinoma is not to be cured by surgical intervention.

Ointments and other medicinal agents can be relegated to the quacks and nostrum mongers so far as their curative value is concerned.

The operation of oophorectomy for malignant disease, while still in an experimental stage, may possibly offer a measure of relief by inhibiting the growth of the malignant tumor if not absolutely arresting it.

We have long known that the removal of the ovaries will produce an atrophy of the mammary gland. Their influence on the general and nervous system is also well known.

Dr. Abbe reported that in two cases where he removed the ovaries and not the breast tumor because of the extensive involvement of the latter, there had been a slow but progressive retrograde change in both cancer tumors and the glands.

This subject is exceedingly important and the value of Beatson's operation can only be demonstrated after a more general application of its principles in mammary carcinoma.

Tubo-Ovarian Disease.

The above is the title of a paper recently contributed to American Medicine by Dr. Farnand Henrotin of Chicago.

The following is quoted:

I. Diseases Involving the Tubes.— Salpingotomy and tubal resection is a most undesirable operation and only the most formally expressed desire for offspring on the part of the patient, after explanation of the uncertainty of results, will warrant their performance.

Pyosalpinx always demands exsection and any tube materially damaged by any disease should be removed in its entirety.

II. Ovarian Disease.—All diseases of the ovaries adjudged to be non-malignant can be cured and should be treated by resection of the diseased portions only. Recent ovarian abscess can be cured more quickly, more certainly and with less danger by vaginal incision, when this is practicable.

When the abscess is of long standing the sack should be removed, but even then some healthy ovarian tissue can almost invariably be preserved.

III. Chronic Composite Disease.— In most diseases of a composite nature in young women, when the tubes and ovaries are materially and equally involved, salpingectomy, with ovarian resection, is the most satisfactory operation, the uterus being retained.

Dr. Henrotin's paper is a valuable contribution to recent gynecological literature.

In view of the author's prominence and success as a surgeon, his conservative views regarding the treatment of uterine and pelvic disease leaves little for discussion, but should carry material for thought to the "ultra-radical."

Caesarian Section for Placenta Praevia.

Gustave Zinke is quoted in the

Medical Review of Reviews: He cites various opinions for and against the operation and gives a tabulated record of all Cæsarian sections and Porro operations made for placenta prævia from 1891 up to the present time.

In the analysis of eighty-one cases given in his table two cases are rejected from consideration where the fatal results to mother and child cannot be rightly charged to the operation itself, one having been performed under unfavorable circumstances, the other performed as a last resort when instrumental delivery and manual interference had failed.

Admitting these two cases, four of the six operated were Cæsarian section, and two Porro hysterectomy. Of the six mothers, five lived and all the children were born alive.

The author quotes a maternal mortality of 17 per cent. and a fetal of nil in the treatment of placenta praevia by the aid of the Cæsarian and Porro operations.

Zinke also quotes statistics of the mortality of placenta prævia under all treatments and of the mortality of the Cæsarian section and Porro operations for all indications. He summarizes an average mortality for the Cæsarian operation of 4.14 per cent. for the mother and 13 per cent. for the child, and for the Porro operation an average mortality of 37.89 per cent. for the mother and 22.2 per cent. for the child.

The author believes that Cæsarian section and Porro operations are perfectly legitimate and elective procedures in all cases of placenta praevia,

central and complete, and especially so when the patient is a primipara, when the os is closed and the cervix unabridged, when hemorrhage is profuse and cannot be controlled by tampons and separation of the placenta around the internal os is difficult or impossible.

Vesical Remorrhage During Labor.

George A. Brown, in the Montreal Medical Journal. the following case of vesical hemorrhage during labor: Mrs. A. B., aged 46, multipara; has had eleven children: after each labor has had some complication, usually post-partum hemorrhage. Wednesday evening, December 5, patient had a fall. she complained of pain in left hip, which did not prevent her from sleep-At 6 p. m. the following morning she awoke with pain in her bladder and a desire to urinate, but was unable to do so.

At times she had a bearing down sensation which gradually developed into labor pains.

On seeing her she was catheterized and half a pint of bloody urine drawn off, which on microscopical examination contained nothing but blood. At 2 p. m. he was again called as the membranes had ruptured and the pain in her bladder and desire to urinate had returned.

She was again catheterized and more bloody urine drawn off. On making an external examination the child was found in the fourth position (dorso-cost.) with head in upper zone and the seech presenting.

During the afternoon the pains were irregular and the patient complained of the peculiar tearing character, as if her bladder was being draged out of her. After the pain became regular there was no progress as the pressure of the breech came on the anterior vaginal wall. He then decided to keep her in the knee chest position until the external os dilated.

After dilitation of the os the child was extracted in the usual way.

December 8 patient was catheterized and a half pint of dark, bloody urine drawn off.

December 9, patient not being able to pass urine, she was again catheterized and a pint of bloody urine drawn off. She was then given urotropin grm. ss. t. i. d. The bladder symptoms finally disappeared.

Floating Kidney.

Watson of Boston is quoted in the American Journal of Surgery and Gynecology. He maintains that abnormally loose kidney is not of minor importance, as contended by some recent writers, especially with women.

While he admits that wandering kidney is often present in neurasthenic women, he strongly believes that in such cases it is often the direct cause and not merely an accompaniment of the neurasthenia.

He says that movable kidney sometimes results in much more serious consequences than the production of neurasthenic symptoms. These are: I. Hydro- and Pyo-nephrosis. 2. Fixation in an abnormal position of a previously movable kidney. 3. In a few rare in-

stances gangrene of the organ produced by occlusion of its blood vessels brought about by the rotation of the kidney on its horizontal axis.

He does not accept the list of causes (relaxation of the abdominal walls, sudden wasting of the perirenal fat tissue increase in size and weight of the kidney, downward pressure by an enlarged liver, pleuritic effusion or tight lacing) commonly given by writers on this subject, but says that the ptosis is often due to the destruction of certain structures normally holding the organ in position. These are the structures which from the attahcments between the posterior and upper aspect of the tunica proprid and the fascia covering the lumbar muscles and the peritoneum covering the diaphragm respectively aided by less essential ones connecting the anterior surface with the peritoneum overlying it.

Neurology and Alienism.

taking charge of the secdevoted to neurology and tion alienation for the JOURNAL, the writer desires particularly that general practitioner shall turn to the limited space allotted this department with some degree of interest. Not an easy task unless, we are able to somewhat modify the not unusual bias with which a great number of physicians regard these branches.

As a reason for this mental impress two factors may be especialy recognized:

- 1. A feeling of therapeutic hopelessness entertained in reference to many organic nervous diseases.
- 2. Dearth of knowledge among the physicians of families concerning insanity.

So little attention in our schools has, at least in the past, been paid to the latter subject, that the general practitioner frequently from the first makes up his mind to leave cases of mental derangement to county

authorities, or if conditions permit, perhaps to the specialist. Needless to say, however, this cannot always be successfully done, because of mild forms which the physician encounters in daily routine of work and often treats without recognizing their entire import. The overwrought patient suggesting hysteria may occasionally present in fact a mild phase of periodic insanity, involving naturally, in the latter instance, a far more serious prognosis than superficial view supposes. on the other hand, with a feeling that the treatment of mental alienation is foreign to one's work, immediate beneficial if not curative medication may be withheld, when much good would perhaps be accomplished by attention to some ordinary symptom. A case is recalled in which a young unmarried woman developed systemized delusions of persecution. Among others was the belief that members of her family were attempting to poison her. A physical basis for this delusion existed in hyperacidity of stomachic digestion and some fermentation with flatulency in the bowel. These corrected, this particular delusion faded for the time, and although others referring to character defamation and supposed love affairs were still in evidence, the exhibition of a mild sedative, together with a better physical condition, quieted the patient sufficiently to enable the family to live in comparative peace until permanent arrangements for removal could be made.

Material basis for insane delusions presents in itself much that is interesting, and although one is apt to disagree with that older doctrine that the insane reason merely from insane premises, yet the mentally alienated often enough are incorrectly credited with entire absence of an objective element in their false belief, when in fact there exists a material cause associated with "deprivation of reason."

The matter of therapeutic nihilism in reference to organic nervous disease has already been touched upon. This peculiar attitude toward treatment, which regular school physicians have particularly indulged in, has not, of course, been confined to disease of this nature solely since comment on the minimal amount of time devoted to treatment in medical meetings has been frequently made. Nevertheless, it has been in the clinical care of the morbid nervous system that therapeutic skepticism has found special vent. There is no doubt that the vital germ of this factor was largely an imported article. and that it was born in and fostered by the influence of the truly scientific, continental laboratory of pathology. The writer remembers a witty Irish-American who summarized the medical treatment given in one of the great European hospitals as tincture cinchonæ ad lib. and a crucifix, certainly an exaggerration but with a kernel of truth withal. Also a conversation in reference to American doctors is recalled, wherein a foreign student asked of an American abroad and with sarcasm by no means veiled, "And do you really think you (i. e., Americans) accomplish anything with your dosing?"

All that, however, is now changing. The Germans themselves must be beginning to realize that it is possible to study morphological change of tissue and well nigh forget function. How else is to be explained two remarkable addresses to a medical congress held in Berne a year ago, one by Sahli and one by Senator of Berlin, both following almost identical lines in the admonishment to clinically look beyond pathological change to administer to abnormal function and the general well-being of the patient.

Such advice has a startling resemblance to that of older time, viz., to treat the patient and let the disease take care of itself. Unquestionably physicians of other schools whose individual members, taken as a whole, possess less exact knowledge of disease processes than those of our own, owe their popularity and also their usefulness to closer adherence to this idea.

There is, of course, no fool ish intent to here inveigh against or un dervalue scientific investigation and the record of its progress. Merely is it meant that the *practitioner* be not overpowered by the recognition of error and of failure necessarily developed in this evolution. The up-to-date doctor should encompass in his make-up both scientific knowledge and hopefulness. should keep abreast of and employ the best weapons which science in combat with disease places at his disposal, and he will keep in mind the pathological laboratory's greatest triumph-curative serum. But he needs also remember that where exact knowledge precludes recovery because of inherited defect, impossible nerve regeneration or other unvielding condition he may yet direct his striving to subdue minor associated ills. Their relief will scarcely satisfy his pride of skill, but the enhanced well-being of his patient justifies his best effort in their direction.

Thought along this line inspires a desire to hear from readers in reference to problems which have presented themselves in the course of their work so far as they concern nervous and mental affections. A common interest shared by many, if it develop exchange of experience, will also effect a shared benefit. To this end let us "get together."

The Babinski Reflex.

In the past few years the attention of the profession has with frequency been called to new forms of muscle reflex. In a development almost prolix one reflex which has obtained the confidence of observers as a valuable acquisition to objective inquiry concerning the condition of the nervous system is that

known as Babinski's sign. Babinski in 1896 first described the association of pyramidal system lesion with variation from the normal plantar reflex. He noted that whereas normal response to mild stimulation of the plantar surface (stroking) resulted in flexion of the toes, the latter were extended and especially the great toe, in case there existed a lesion of the pyramidal tract. Exceptions named were:

- 1. Extension of the toes occurring in infants before they have learned to walk.
- 2. No reflexive response whatever was obtained upon plantar stimulation, in total transverse cord lesions. Minor observations which were made will not be mentioned in this place in the interest of simplicity of statement concerning essentials.

These conclusions of the discoverer have been verified in the main by subsequent investigators, while at the same time the symptom cannot be pathognomonically interpreted at the present day. Our knowledge of the sign's various modifications and our understanding at this time of its manifestation is about as follows:

It has been found that the reflex may consist of the sole extension of the great toe, the other toes being flexed. This, according to Collier, occurs in partial lesions of the pyramidal tract. The latter condition may also be shown by slight flexion of all the toes followed by strong extension, and by the varying effect of an extensor movement following plantar stimulation at one time and at another a flexor response. Extensor response is remarkably constant

where disease of the pyramidal fibers exists. Nevertheless this same reaction has been elicited in healthy adults, in rare instances in functional disease, while there is opposing opinion as to its presence in total transverse cord lesions.

Walton and Paul obtained the extensor reflex in 70 per cent. of hemiplegic and diplegic cases and approximately the same per cent. in pyramidal lesions of the cord. They believe the sign never occurs in health provided it is constantly manifested and due attention given to obtaining deliberateness of toe movement. They also doubt that this symptom occurs in functional disease or organic affection which does not involve the pyramidal tract. the other hand Cohn found extension of the great toe in 20 per cent. of his normal subjects. Schueler in 8 per cent. of normal men and 4 per cent. of women.

In regard to hysteria, difference of opinion also exists. ' Cohn and also Gindiciandrea obtained the extensor reflex in hysterical cases and Eskridge argues for a possible like finding in one case of a series investigated by Lang-At the present time these discrepancies cannot be explained. Some variation of manifestation might be expected in the light of different conditions which obtain in reference to the normal plantar reflex. Thus it is known that in a small percentage of healthy persons, normal plantar flexion cannot be elicited, but accidentally Eskridge found all plantar reflex absent in more

than half of fifty-four nurses, and he brings this unusual finding in relation to exhausting occupation which requires one to be long hours on the feet. The same writer furthermore offers tentatively a possible explanation as regards hysteria, that the patient may so excite the pyramidal tract as to obtain a temporary or irregular form of Bobinski phenomenon. Aside from this we know, however, that hysterical symptoms are not infrequently associated with organic lesions of the nervous system, witness instances in progressive paralysis, tabes dorsalis, multiple sclerosis, syringomyelia, etc. With the exception of tabes, because here 'the pyramidal fibers would not be initially involved, association with extensor response of toe would be obviously important as an explanation of this sign in hysteria if elicited early and when only functional symptoms might be detected.

The Babinski reflex has also been detected in meningitis, hydrocephalus, alcoholism, uremia and in cases of microcephaly and anencephaly. recognize herein cortical involvement in areas of pyramidal distribution. In several cases of strychnia poisoning extensor response has been obtained. Langdon, who found marked flexor response in a case of tetanus, remarks upon the value of this dissimilarity of finding as an aid to the differential diagnosis of these conditions provided such obversation proves constant upon further investigation.* Varied experience is adduced in reference to total

^{*}Eskridge reports Langdon as finding absence of plantar reflex in tetanus. This seems to be an error. In the only instance of tetanus reported by Langdon in his series of 110 cases, the writer notes reflex respons e obtained.

transverse lesion of the cord. Collier reports toe extension as the only reflex manifestation of the lower limbs in these cases. Langdon reports presence of the extensor reflex in a transverse myelitis. Babinski records all plantar reflex absent in total transverse lesions and this result is supported by experience of Eskridge. The latter says, however, that it is not always easy to say when the cord is completely destroyed.

It may seem that in this short statement concerning the status of the extensor toe reflex, somewhat undue prominence is given to difficulties which have been encountered in its use as a diagnostic aid. These, however, it is well to know in detail. great majority of cases where toe extension is elicited in adults, the pyramidal system is affected, and hence in a doubtful case its presence would point strongly to organic lesion. Despite the fact that Cohn found the extensor reflex in 20 per cent. of healthy adults, he says: "In lesions of the lateral tract of the spinal cord of an organic character an extension reflex is observed." Walton and Paul doubt its existence where the pyramidal tract is not involved. Langdon claimed the extensor response to be practically pathognomonie of pyramidal tract lesion. Collier concludes that exceptions to elicitation

of extension reflex in lesions of the pyramidal system are so few as to prove the rule. Eskridge is not prepared to say that plantar flexion precludes affection of the pyramidal system, but personally remembers no case of pyramidal tract disease in which flexion plantar reflex was present on the affected side. Verger and Abadie conclude that "this reflex is very delicate in execution and in this way may give rise to error. When present it probably shows a lesion of the pyramidal tract, but it is too variable in one and the same subject to constitute as important a sign as the knee-jerk or the reflex of the tendo Achilles."

Several investigators call attention to the need of obtaining as the true Babinski sign deliberate reaction of the great toe; the other toes may be extended, flexed or merely separated. It is important that the foot sole be warm and dry; stronger and perhaps continued stimulation should be tried where weak stimulation is not responded to.

In all, pathological extension of the great toe in adults has already proven itself a useful diagnostic adjunct. Further investigation will more clearly mark those conditions in which its presence is of equivocal worth, and thus place this reflex in line with other valuable but not pathognomonic signs.

Genito-Urinary System.

When is Generative Cured?

Valentine, who has done more than any man in America to bring the treat-

ment of urethral diseases to a scientific basis, says: "When a gonorrhoea stops its external manifestations, even when the urine has become macroscopically clear, it is by no means sure that the patient is cured. Wossidlo insists that no patient, apparently recovered from gonorrhœa be dismissed from treatment before the prostate has been examined and found free from involvement. Experience leads me to go further than this eminent author, and to urge that no physician is justified in considering a patient cured, after employing all the ordinarily recommended tests, until examination per rectum has shown that the prostate, seminal vesicles and Cowpers glands are normal. It is these adnexa which so often carry gonococci without giving external evidence of their presence. If the patient. then, in ignorance of his ailment, resumes sexual relations he not only may cause a recurrence of the disease, but may also infect others.

Gonorrhæa is the most widely spread of all diseases. It counts its victims not by hundreds or thousands, but by millions. Gynecologists tell us that 85 per cent. of tube and tubo-ovarian inflammations are due to gonorrhæa. If so, whence comes the infection? It has been shown that gonococci will live indefinitely in the urethral crypts and adnexa. The urethra establishes a tolerance to them and their virulence is lessened. If, however, they should be implanted on a membrane which has been free from infection, they may take on new vigor and cause gonorrhæa.

It is thus that many women become the innocent victims of gonorrhoa, and Valentine's warning should certainly be heeded, for by the utmost care on the part of the physician many of these foci of infection may be destroyed and much suffering averted.

Difficult Catherization.

Buckstone Brown says there are nocases of prostatic hypertrophy in which a catheter cannot be introduced into the bladder. While this seems to be a broad statement, it is nevertheless true that there are few cases in which catheterization is impossible. By the use of proper instruments, gentleness and perseverance the practitioner should be able to catheterize most of these cases. It is well to have an assortment of soft rubber catheters, also the woven catheter with the elbow or curve. These. the coude and bicoude or double elbow catheter of Mercier; are especially valuable when there is enlargement of the "middle lobe." The mistake of using too small an instrument is frequently made; the tip catches in some fold or pocket, which prevents its introduction, while a larger instrument will avoid these.

Prostratic Hypertrophy. .

When a man upwards of 55 years of age has to rise several times a night to void his urine, hypertrophy of the prostate should be suspected.

Palpation of the gland may or may not reveal this condition, so reliance should not be placed on absence of enlargement as felt through the rectum. After he passes all the urine possible a catheter should be introduced to determine whether there is residual urine. If there is some retention, systematic catheterization should be advised. In these early cases much good often re-

sults from the instillation of a few drops of a solution of silver nitrate, 1-1000, into the neck of the bladder.

Seminal Vesiculitis.

In genito-urinary diseases, as in all others, the most important thing make to а correct diagnosis, in no other field is nosis more neglected. A good example of this is that the average doctor ignores the fact that there are such things as the seminal vesicles or that they are ever diseased. Inflammation of these organs frequently give rise to a urethral discharge, which is usually labeled "gleet," and the patient treated for stricture. It is needless to say that the gleet persists in spite of the stretching and will only yield when treatment is directed against the vesicles. Again, no patient should be convicted of "sexual neurasthenia" until an examination of the vesicles is made, for we often see a man's "neurasthenia" disappear as his vesiculitis is cured and sexual function restored.

Gradual Catheterization.

A distented bladder should never be completely emptied at one catheterization. Cases have been reported in which suppression of urine, hæmorrhage and death have followed the sudden emptying of a distended A good rule is to withdraw six ounces of urine and introduce three ounces of an antiseptic solution, repeating this every two hours until and repeat this every two hours until. the bladder is emptied. This will require several hours, but the patient will be made more comfortable and complications are less likely to occur.

Posterior Urethritis.

When gonorrhoea has reached the posterior urethra, as is evidenced by symptoms and urinary examination, the time for the use of the small urethral syringe is past, and the physician must take the case in hand.

The bladder should be irrigated once a day with a hot solution of potassium permanganate, 1-2000, and continued until symptoms cease and urine becomes clear. Irrigations are best accomplished by means of a short nozzle attached to a fountain syringe. The introduction of a catheter into an inflamed urethra is not only exquisitely painful but adds to the irritation.

Physiology.

Principles of Nerve Action.

On December 31, Dr. Albert Matthews, professor of physiological chemistry in the University of Chicago, explained to the American Physiological Society what he has seemingly found to be the fundamental principles of nerve action, which

are in brief as follows:

- Motor nerves contain or consist of a colloidal solution the colloidal particles of which carry positive electrical charges.
- 2. Nerve protoplasm is stimulated by the passage of the colloidal particles from a condition of a solution to that

of gelation, or jellying.

- 3. This change is brought about by the action of ions, electrically charged atoms or groups of atoms, which bear negative charges. The stimulating action of any chemical compound depends on these negative charges. Those ions (anions) having one charge, are less efficient than those with two or three. In other words, the stimulating action of any ion is proportional to the number of negative charges it bears.
- 4. The colloidal particles of the nerves are held in solution by positively charged ions, sodium, potassium, calcium, hydrogen, etc., and the effectiveness of these ions in preventing stimulation varies directly with the number of positive charges they bear. A one-charged ion, such as sodium, is less poisonous than a three-charged ion, such as iron.
- 5. By these facts chemical stimulation is shown to be identical with electrical. Whenever in any part of a nerve negative charges are in excess the nerve is stimulated, that is, the colloids pass from a solution to a jelly. The stimulus always arises at the kathode or negative electrode.
- 6. The irritability of a nerve is diminished whenever the solution of the colloids is rendered more permanent. It increases as the nerve approaches the gelation state. All positively-charged ions thus diminish irritability, negative increase it. This explains electrotonus, as the irritability of the nerve is increased near the kathode and reduced at the anode.
- 7. Heat diminishes the irritability of the nerve by rendering the solution

- more stable; cold increases it by rendering it less stable. At high temperatures gelation takes place and the nerve is stimulated.
- 8. The nerve is stimulated mechanically because the colloidal particles are forced together. As they coalesce their surface becomes less. Less positive charges can reside on it and part of the negative charges previously induced in the surrounding water are set free and immediately precipitate the next group of colloids.
- 9. These in their turn set free negatives which precipitate the next group, and so the nerve impulse is carried. Technically these negative changes are called the negative variation, and this stimulates each successive element of the nerve.
- 10. Anæsthetics all dissolve fat. They reduce the irritability of the nerve or protoplasm because the colloids in the nerve are largely fat compounds and more soluble in a mixture of ether and water than in water alone. All anæsthetics render the colloidal solution more permanent and prevent gelation.
- II. Besides the number of electrical charges in the ions there is some other factor which determines the action of salts. Thus potassium is more effective in reducing irritability than sodium; fluorine is far more effective as a stimulant than chlorine, although all carry only a single charge. It is believed that this difference of efficiency in monovalent anions or kations is dependent upon the rate of rotation of the electron or the positive or negative point-charge about the atom with

which it is associated. The electron rotates about the fluorine atom twice as tast as about the chlorine atom.

as fast as about the chlorine atom.

12. The stimulating action of any anion of the poisonous action of any kation is hence a function, first of the primper of charges rotating about the atom; second of the rate of rotation of these charges; and third of the circumference of their orbits.

- by the electro-magnetic theory of light, shown to be identical with stimulation by light waves. The stimulating action of any anion increases as the spectrum of that anion approaches the ultraviolet.
- 14. The long light waves and heat waves are in their action like those of the positively-charged ions.

Effect of Pneumo-Gastric Section.

Professor Pavlov. Director the" Department of Experimental Medicine at the Russian Imperial Medical Institute, has shown that animals in which both pneumogastric nerves have been cut can, under proper precautions, be kept alive and in good health for an indefinite length of time. He has also determined that cutting the pneumogastric nerves does not bring about death on account of cardiac or pulmonary disturbance, but on account of digestive derangement due to lack of certain regulating influences exercised normally by the pneumogastric nerves. When these nerves are cut a normally mild purgative causes death. The bodily temperature is very easily disturbed after the tenth pair of nerves is cut.—The Medicus.

Diseases of the Circulatory and Respiratory Systems.

Cardiac Valvular Ruptime.

1 A case of Trupture of the aortic carsprowith probable Trupture of cusps is one of the pulmonary reported in the British Medical Journal of December 14., 1901. The symptoms came on directly after a fall and the signs, which were noticed as soon as the patient was admitted to the hospital, all point to correctness of diagnosis. Previous to the accident there had been no illness and about three weeks previously an examination in life insurance was made and applicant pronounced a good risk. The rarity of these cases and the fortunate previous

insurance examination in this case, is a helpful addition to our knowledge of these infrequent heart conditions.

Primary Hydated Cyst of Lung.

A case of this affection was reported by Dr. Buchanan before the Liverpool Medical Association and published in London Lancet December 7, 1901. The cyst could be readily seen by means of radioscopes. During a severe coughing spell the cyst was expectorated and the patient recovered.

' Antipneumococcus Serum.

Twelve cases of pneumonia treated by anti-pneumococcus serum.—George G. Sears, Boston Medical and Surgical

Journal, December, 1901.

Of the cases reported eight were above thirty years of age; of these, two had mitral regurgitation, one arteriosclerosis and three were alcoholics. There were nine recoveries. Considering the class of cases treated the mortality is very low, but the number of cases reported is not sufficient to justify one in attributing the low mortarity to the serum.

The reports of cases thus far treated with anti-pneumococcus serum have by no means been of such a character as to lead to its general use in private practice.

Cardio-Myepathy.

The relative importance of diseases of the heart muscle and heart valves, by Louis Faugeres Bishop, A. M., M. D., in Pediatrics, December, 1901.

The writer dwells upon the importance of learning the condition of the heart muscle and the frequent errors that are made by physicians in basing the prognosis upon valvular murmurs. Careful observation of all the bodily functions rather than physical examination of the heart is safest in all diseases of the heart.

Trackee-Broachiel Lymph Nodes.

In an article entitled "On the Necessity for Special Study Experience in Treating Children," by Frederick A. Packard in

Boston Medical and Surgical Journal of December 19, 1901, the writer lays particular stress upon the diagnosis of enlargement of the tracheobronchial lymph nodes. Diminution of breath sounds on one side when foreign body can be excluded, and there is no indication of some interposed material, as well as the venous hum heard upon extension of head over the upper portion of the sternum, are mentioned as reliable signs of this condition.

Although the diagnosis of this disease is infrequent it still should be kept in mind and the venous hum sought for in all cases of chronic unilateral chest disease in children.

Dermoid Cysts and Teratomata of Mediasticum

This subject is discussed in an editorial in the Journal of American Medical Association for December 28, 1901.

The number of cases thus far reported are forty. The symptoms besides those of pressure were the expectoration of hair which occurred in eight of the cases. The growth was most frequently found in the upper part of the mediastinum. They varied in size from that of "a pigeon's egg to a tumor 'arger than a child's head." The tumors have been divided into three classes: 1. Simple dermoids. 2. Teratoma proper. 3. Either of above classes in which malignant transformation has taken place. Two of eight cases operated on have been cured.

NEWS ITEMS.

cases of sudden death from medullary in the Hotel Dieu.

Professor Legueu has reported two cocainozation occurring in his service

STAFF OF THE NATIONAL JEWISH HOS-PTFAL FOR CONSUMPTIVES, DEN-VER, COLONADO.

Medical Advisory Board—
John Elsner, M. D., Chairman.
S. Simon, M. D., Secretary.
M. Kleiner, M. D.

Medicine-

S. T. Jarecki, M. D.; Wm. N. Beggs, M. D.

and four months: S. Simon, M. D.;
A. Zederbaum, M. D.; C. B. Van
Zant, M. D.

3rd four months: M. Kleiner, M. D.; H. B. Whitney, M. D.; H. W. McLauthlin, M. D.

Surgery-

1st four months: Leonard Freeman, M. D.

2nd four months: John Boice, M. D.3rd four months: William B. Craig, M. D.

Gynaecology-

1st six months: H. G. Wetherill, M. D.

2nd six months: Thomas H. Hawkins, M. D.

Obstetrics

1st six months: Minnie C. T. Love, M. D.

2nd six months: T. Mitchell Burns, M. D.

Rhinology and Laryngology-

1st four months: W. K. Robinson, M. D.

2nd four months: H. H. Howland, M. D.

3rd four months: Robert Levy, M. D.

Ophthalmology and Otology-

1st four months: D. H. Coover, M. D.

2nd four months: W. C. Bane, M. D.

3rd four months: Melville Black, M. D.

Neurology-

1st six months: B. Oettinger, M. D. 2nd six months: W. J. Rothwell, M. D.

Bacteriology and Pathology— Philip Hillkowitz, M. D.

Dermatology-

James M. Blaine, M. D.

Dentistry-

Dr. Geo. J. Hartung.

According to the official reports the deaths in the British concentration camps in South Africa exceeded those produced in battle. In October there were 3,156 deaths of whites, 2,633 being children, and in November there were 2,807, 2,271 being children. During the last six months the deaths have amounted to 13,931, or approximately 253 per year per thousand.

Dr. H. L. Nietert, superintendent of the St. Louis City Hospital, recently sewed up a stab wound in the heart of a negro patient twenty-four hours after the receipt of the injury. The patient is reported to be convalescent.

Princess Sophia Bamba Dhuleep Singh, daughter of the late Maharajah Dhuleep Singh of India, has entered the freshman class of the Women's Medical College of the Chicago Northwestern University.

Jonathan Hutchinson, F. R. S., general secretary of the New Sydenham Society, has requested Messrs. P. Blakiston's Son & Co. of Philadelphia, the American agents of the society, to announce the publication of "An Atlas of Clinical Medicine, Surgery and Pathology," selected and arranged with the design to afford, in as complete a manner as possible, aids to diagnosis in all departments of practice. proposed to complete the work in five years, in fasciculi form, eight to ten plates issued every three months in connection with the regular publications The New Sydenham of the society. Society was established in 1858, with the object of publishing essays, monographs and translations of works which could not be otherwise issued. The list of publications number upwards of 170 volumes of the greatest scientific value. An effort is now being made to increase the membership, in order to extend its work.

Professor F. S. Lee of the College of Physicians and Surgeons of New York, maintains that his experiments carry out the contentions of Professor Atwater of the Wesleyan University, that alcohol in certain proportions is an unequaled muscle food, furnishing the power as well as the stimulation to a greater effort.

Dr. Moore of Cripple Creek has recently removed to Southern California. This change of location was rendered necessary by the condition of his wife's health, which has been very poor in the high altitude of Cripple Creek.

The first distribution of the Nobel prizes took place December 10, at Stockholm and Christiana. There are five prizes, each valued at more than \$40.-000. In medicine Emil von Behring. professor at Halle, carried off the prize for his work on the discovery of the diphtheria serum. In physics it was awarded Wilhelm Conrad Roentgen. professor at the University at Munich for the discovery of the X-ray. chemistry to Jacobus Henrichs Vant Hoff, professor of the University at Berlin, and in literature to Sully-Prudhomme, member of the French Academy. The peace prizes were divided between Fred Passy, national economist, and Henri Dunant of Switzerland for his work in bringing about the Geneva convention and establishing the Red Cross societies.

December 17 a joint meeting of the Cripple Creek District Medical Society and the Physicians' Business League of Teller County was held at the office of Dr. Davidson, in Victor. The report of the Committees on "Fee Bill" was accepted with a few modifications, and the officers of both societies were appointed as a committee to obtain the signatures of all the physicians of the district to the fee bill as adopted at the meeting.

Work has been begun on the Guggenheim pavilion of the National Iewish Hospital for Consumptives in Denver. We hope soon to be able to give illustrations of its exterior appearance, the plans, arrangements and equipments of the several rooms.

Table of Contents on Advertising Page 3.

Do you read the Advertising Pages? If not you are missing something good.



THE COLORADO MEDICAL JOURNAL 133 West Colfax Ave., Denver, Colorado.

WM. N. BEGGS, A. B., M. D., ALLISON DRAKE, Ph. D., M. D.,

60.3

172

449

Editor and Publisher
Associate Editor

Land Original And Contraction

Entered at the Postoffice at Denver, Colorado, as second class matter.



A "GOVERNOR"

ACTS UPON A

STEAM ENGINE JUST AS
ARSENAURO ACTS

UPON HUMAN MACHINERY, RESTORES AND MAINTAINS THE EQUILIBRIUM.

ARSENAURO IS OF GREAT VALUE IN FUNCTIONAL NEUROSES, DISTURBED METABOLISM AND FAULTY NUTRITION.

IT ARRESTS THE PROCESS OF DEGENERATION AS COVERED BY

THE BROAD TERM SCLEROSIS.

AN ALTERATIVE WHICH "BUILDS UP" WHILE IT "ELIMINATES."

PUSH TO THE POINT OF SATU-RATION IN BACH INDIVIDUAL PATTENT AND ADMINISTER FOR A PROTRACTED PERIOD.



CHAS. ROOME PARMELE CO
36 PLATT ST., NEW YORK

Typhoid ; La Grippe Tubercuiosis

and all diseases arising from impoverished blood and a depleted physical condition demand the most efficient

NUTRITION

The patient MUST have a new and continuous supply of all the vital elements in which the blood is deficient.

Introduce in all such cases LIVE BLOOD. All the leading and most successful practitioners to-day are using

BOVININE

It is LIVE, defibrinated arterial blood.

It is preserved by cold process and sterilized.

It retains all the vital and nutritive elements.

It contains 20 per cent of coagulable albumen.

It is a fluid food, pure and simple.

It aids digestion, and is promptly assimilated.

It is to a large extent directly absorbed.

It sustains and stimulates the heart.

It renders cardiac stimulants unnecessary.

It is a powerful aid to all forms of medication.

THE BOVININE CO., 75 West Houston St., New York.

LEEMING, MILES & CO., Sole Agents for the Dominion of Canada.

THE COLORADO MEDICAL JOURNAL

...AND...

WESTERN MEDICAL AND SURGICAL GAZETTE

A Scientific Medical Journal, Published in the Interest of the Profession of Colorado and Adjoining States—A Journal of Science, of News and of Medical Lore.

Vol. VIII.

DENVER, COLORADO, FEBRUARY, 1902.

No. 2

ORIGINAL COMMUNICATIONS.

The Evolution of Medical Institutions in Colorado.*

By C. D. SPIVAK, M. D., DENVER, COLO.

The fact that this meeting ushers in the tenth fiscal year of the Colorado Medical Library Association affords an excuse to its ninth executive officer for indulging in an excursion into the realms of history.

The evolution of the medical institutions in Denver represents an interesting study of the growth of a healthy profession. The first chapter of all histories cannot improve upon that of the Bible. In the beginning the medical profession of Denver was without form and void. Medical men, regular and irregular, came and went, lived and died, healed and killed, and left no trace behind them. In the seventies the professional spirit was waving over the face of Denver. Several attempts were made to organize some sort of a medical society. There was light in

1871, when the first medical organization was effected-now the Denver and Arapahoe Medical Society. A few months later, the Territorial, now the State, Medical Society was organized. This stands for expansion. The next step in the growth of the profession was the founding of a hospital—a seed that yielded fruit after its kind. A decade from the time the first medical organization came to light, a medical school sprang into life, and another collowed suit soon after-two lumi naries in the expansion—to continue The tribe of a biblical metal hor. Aesculapius had now reached a stage in its development when it considered itself no longer in the capacity of disciples; it thought it had something new to say to the outside world, and as a consequence, a medical periodical made

^{*}Address of the retiring president, delivered at the annual meeting of the Colorado Medical Library Association, January 6, 1902.

its appearance. Now, a city whose medical profession was fairly organized, whose hospitals facilitated the study of diseases and their treatment, whose colleges stimulated thought and diffused knowledge, and whose physicians and surgeons helped to create a Western medical litrature; such a city could no longer neglect the health of its citizens. A Board of Health was therefore created, so that the injunction of "be faithful and multiply" might be fulfilled. The cycle of evolution of medical institutions in Denver was not complete, however, until another, the sixth, organized body was born.

By the time our fair Oueen of the West had evoluted the medical society. the hospital, the college, the periodical and the board of health, the type of the physician who twenty years after his graduation still continues to consult his college text-books had disappeared from the face of the earth. came in his stead the man who reads regularly one or more periodicals, who buys, borrows, exchanges and at times mixes up the conceptions of meum and tuum as far as books are concerned. Lastly appeared the man who was no longer satisfied with the knowledge he could obtain from local sources. was filled with ambition to have access to the records of medical literature of all nations and generations, of all climes and zones. A new species of doctor stalked the streets of Denver. He wanted the earth and all its inhabitants to help him cure his patients. For weeks and months he mused and pondered over the herculean task which he contemplated to undertake. He thought

he was alone, that no one would understand him, help him or sympathize with him. But the gentlemen who suffered from literary boulimia soon found out that there were others who manifested all the symptoms of a voracious literary appetite. For no sooner had Henry Sewall made known his heart's desire than seven physicians and one layman responded to his call, met at the office of Dr. J. T. Eskridge, and on the 27th day of April, 1893, laid the foundation of the Colorado Medical Library Association. This organization completed the cycle of medical institutions in Denver. For no matter what organization may come into existence in the future. they will be nothing but an extension or modification of either the medical society, the hospital, the college, the periodical, health department or medical library.

What has this society accomplished during its nine years of existence? It has expended about three thousand dollars (\$2,932.02) for the purchase, binding and preservation of over 3,000 The library contains more volumes. than 8,000 volumes of the choicest medical literature; it has managed on this meager income to accumulate a property valued at \$10,000; it has contributed to the factors which have made Denver the medical center of the West; it has helped to establish the reputation of many Colorado contributors to medical literature, and last but by no means least, the wealth of knowledge and information gathered under one roof and made available for reference has helped many a brother practitioner in times of doubt and perplexity; it has solved many a riddle in knotty cases, helped to make or confirm a diagnosis and pointed the way to the attainment of a cure. We all know how many lives are saved annually and many a pain and suffering alleviated by the use of the resources found in the library.

The fact that the membership of this Society has remained stationary during the first eight years of its existence should not be construed as evidence of lack of interest on the part of the profession in this organization or its ideals. The profession of Denver and Colorado have always manifested a deep interest and felt a great pride in our Of the three thousand dollars expended by this Society more than half (\$1,646.84) came from the profession at large. There existed a Medico-Legal Society in Denver in 1803 that was gathered unto its fathers. Its demise was made glorious by the fact that it bequeathed to our Society its funds, amounting to \$75.00. The Colorado State Medical Society was the first live organization to extend a helping hand to the new-born society. It donated to our Society the sum of \$200.00 in 1893, and an equal amount in 1897. We are indebted to the Denver and Arapahoe Medical Society for a donation of \$100.00 in 1895, and for \$150.00 in 1901. The Western Surgical and Gynecological Association and the Denver Clinical Society have each contributed \$32.00, and the financial committee of the American Medical Association has given us in 1898

the sum of \$264.54. Thus it will be seen that our organization is the pet of all other medical organizations in Colorado, the baby of the medical fraternity.

But from an annual income of only \$150.00 from members' dues and an occasional contribution from a medical organization, this Society would have never accumulated, in less than one decade, property amounting to over \$10,000.00, were it not for the generous gifts bestowed by the older sister libraries—the library of the Surgeon General's Office, the New York Academy of Medicine and the Boston Medical Library; the donation of a large number of books by the Medical Department of the University of Denver, the donation of current periodicals by the editors of the Denver Medical Times and the COLORADO MEDICAL JOURNAL, and the donations from the following gentlemen: Bigelow (W. S.), Boice (J.), Busey, Baker, Bane, Bergtold, Burns (T. M.), Crawford, Cheesman, Cuneo (J.), Delavan, Davison (J. N.), Eskridge, Fisk (S. A.), Jackson (E.), Gould, Hawes (I. M.), Jacobi (A.), Kerry (S. S.), Love, Lemen, Bagot, Tauber, Zederbaum, Munn, Hall, Beggs, Taussig, Rivers (E. C.), Spivak.

The library has been made heir to the fine private libraries of the late Drs. Axtell, Crouch and McClelland.* Donations of large sums of money were received from Drs. S. A. Fisk,

^{*}The library has since become the owner of the magnificent neurological library of the late Dr. J. T. Eskridge.

\$300.00; J. T. Eskridge,* Graham and Grant, \$100.00 each; all of whom graced the presidential office of this Society.

Notwithstanding the phenomenal work accomplished by this organization in a short time with limited means, there is reason to apprehend "hard times" in the future, if some radical changes are not adopted. The coffers of the medical societies in Colorado are well nigh dry, and therefore large donations cannot be expected from them, at least for some time. The presidents who used to draw a check for \$100.00 on the night of their retirement belong now to an extinct species. Now, the average annual expenditure of this Society has been about \$350.00, and the average income from membership dues only The sources whence the \$150.00. bulk of our income was derived being gone, the question arises, if the library is to be kept up at least to a point of its present efficiency, whence will the balance of \$200.00 come? The Society cannot continue its work under the present condition. The income from membership dues is not sufficient even to pay for binding. A change is absolutely imperative.

Permit me to point the direction of the change. In studying the organization of medical libraries in various countries, one notices the general rule that medical libraries are maintained with the following institutions: Scientific medical societies, hospitals, colleges, sanitary institutions or public

libraries. In Russia and England the medical library predominates in medical societies: in France almost all the hospitals maintain medical libraries: in Germany the medical library finds its abode in the universities. In the United States all forms are well represented, and in addition there is a new form nowhere else to be found. and that is a special organization for the maintenance of a medical library. in other words the anomalous medical This association library association. is a product of American individual enterprise. It expresses the idea which permeates American life, namely, that the individual initiative is the lever by which progress combats inertia. of the few great medical libraries of the world is owned by such an organization-I refer to the Boston Medical Library Association, now in its twentyfifth year of existence, that owns a building valued at \$175,000, houses some 40,000 volumes. The secret of the success of that organization is to be found in the man behind gun-Dr. James R. Chadwick, whom Dr. Oliver Wendell Holmes describes as the "untiring, imperturbable, tenacious, irrepressible, all-subduing agitator who neither rested nor let others rest until the success of the library project was assured." We, too, have our Henry Sewall, who neither rested nor let others rest until the library project was assured. The subject of medical departments in public libraries cannot be considered at the present for various reasons.

^{*}Dr. Eskridge bequeathed to the library the sum of \$1,000.00.

that medical libraries are most successfully maintained and most efficiently managed by or in connection with a medical organization already in existence. The best medical libraries are those of the New York Academy of Medicine, College of Physicians of Philadelphia, the Medical and Chirurgical Faculty of Maryland, the Library of the Pennsylvania Hospital, Cincinnati Hospital, the Medical Departments of the Pennsylvania and Michigan Universities, and other like institutions. Even Chadwick* dreams of the time when his library will widen its scope and become an academy.

In view of these facts it behooves us, ladies and gentlemen, to heed the precepts gained by experience. I take the liberty of recommending for your consideration the following propositions:

- 1. That the Colorado Medical Library Association should transfer its property into the custody of a well-established local medical organization that will be willing and able to assume the responsibility of uniting and carrying the library to a high point of efficiency.
- 2. That our Association should widen its scope, and in addition to its hitherto sole function of care-taking of the library, should also assume the name, dignity and responsibility of either a college, faculty or academy. The growing population of Colorado and the high standard of the medical men of the City of Denver furnish am-

These exceptions but prove the rule. ple material for the organization of a scientific body of the highest order, one stilly maintained and most efficient that would not pale before the College managed by or in connection with medical organization already in ex-

Permit me also to suggest a way for raising a considerable sum annually that would not entail any hardship or draw upon the treasuries of other socicties or individuals. There are two medical colleges in the City of Denver, with an average attendance of say 100 students. Every student spends on an average \$20.00 annually on text books, or all the students spend about \$1,000.00 in any one year. Should the officers of the two colleges consent to make the Colorado Medical Library the agent for the text Association books recommended by the respective teachers, the commission on the sale of such books would amount to over \$300.00. All that is necessary to make the project and motive known to the students is to insert a notice in the Annual Announcements requesting the students to buy their books through the agency of the Colorado Medical Library Association, and to state that the profits go to the Library. The students of both schools are studious chaps. You can see them every afternoon in the reading room of the library pouring over medical tomes. There would be no need of urging them to do the right thing by the organization that furnishes them so much for so little.

In conclusion, permit me to say that I highly appreciate the honor you have bestowed on me in placing me in

^{*}Address at the dedication of the new building of the Boston Medical Society.

the chair which Eskridge, Fisk, Graham, Grant, Hopkins, Munn, Freeman and Sewall have occupied, and let me

hope that you will devise ways and means of enlisting the interest of the medical profession in our library.

Clayton Parkhill, Citizen Soldier.*

BY GENERAL IRVING HALE, DENVER, COLO.

I have been asked to say a few words to you to-night on the career of our departed friend, Major Parkhill, as a citizen and a soldier.

Many of you are better qualified to speak intelligently of his knowledge and skill as a physician and surgeon, and the good work that he did in the practice of his profession. Those of you who enjoyed a more intimate personal acquaintance are entitled to the privilege of paying tribute to his career as a man and a friend. There may be some here who are more familiar with the details of his military service in the Spanish-American war, most of which took place on the opposite side of the globe from where it was my fortune to follow the flag.

In common with the people of Denver and Colorado, I appreciate his professional ability. Like all who had the pleasure of his friendship, I can testify to his genial and generous disposition. But it was my privilege chiefly to speak of Doctor and Major Parkhill as the embodiment of that combined spirit of professional attainment, citizenship and soldierly qualities, which, diffused throughout the

people of these United States, make this nation incomparable in peace and invincible in war.

Major Parkhill's military career was highly creditable throughout. As organizer and first captain of the Denver City Troop, he laid the foundation of a squadron of cavalry which would be a credit to the National Guard of any state. As Surgeon General of the National Guard of Colorado he did efficient work during the great strike at Leadville, and his ability added luster to that branch of the service. As Major and Surgeon of the 1st Colorado Infantry, U. S. Volunteers, his reputation, personality and energy drew together a hospital corps, composed of physicians, pharmacists and medical students, which was without a superior in any regiment.

Soon after the arrival of the regiment in San Francisco, Major Parkhill was promoted to the grade of Brigade Surgeon and transferred to the camps of the South and Porto Rico; but his short service with us gave evidence of his ability and excellent qualities. I remember one incident which impressed me with his en-

^{*}Address at the memorial meeting of the Denver and Arapahoe Medical Society, Tuesday evening, January 28, 1902.

terprise. A few days after we were established in Camp Merritt, he announced with evident satisfaction that his requisition for medical supplies had been filled complete. This requisition had been a very comprehensive one, and, whether on account of the softening influence of the Major's sunny disposition, or the exercise of some mysterious hypnotic power, or temporary mental aberration of mind on the part of the Medical Department of the Army, it had been approved and is-But this triumph was shortlived. It was soon discovered that the Colorado regiment had received practically all of the allowance for the entire Phillipine expedition, and it was promptly forced to disgorge in order that these stores might be distributed more evenly among the numerous organizations of the corps. But the effort to provide thoroughly for the wants of the regiment was a laudable one on the part of Major Parkhill, and illustrated the enterprising resourcefulness of the American Volunteer.

Dr. Parkhill's action in leaving a valuable practice and the comforts of home for the service of his country in time of war, is typical of the patriotism of the medical profession throughout the land. The value of the services of the Volunteer Surgeons, comprising men of marked ability and in man,

cases national reputation in their profession, can hardly be over-estimated. and did much to reduce to a minimum the percentage of death from wounds and disease under unfavorable conditions. The members of the Medical Corps rendered magnificent service in grappling with the unsanitary conditions of our new possessions, establishing, renovating and maintaining hospitals, following the firing line where the bullets were thickest, rendering first aid in the field to hundreds whose lives were saved by their prompt and skillful treatment, carrying the wounded to places of safety under heavy fire and. after the fighting was over, working far into the night ministering to the sick, wounded and dying.

The medical profession is grand and heroic in peace or war. We cannot conceive a better way to live than in alleviating the suffering of mankind, nor a better way to die than in the service of our country, whether from the enemy's bullet or the effect of disease contracted in that service. to one who so gives up his life, it is a satisfaction to know that he will be borne to his last resting place wrapped in the flag and escorted by those who served with him under its folds, and that he will be lulled to sleep by the beautiful requiem of the bugle signifying "work done, lights out."

During the month of December the death rate in Denver was 18 per 1,000, including cases of tuberculosis cop tracted elsewhere. Excluding these latter it was 13.78. During 1900 the

rate was respectively 21.12 and 16.24.

Dr. Van Norman of Goldfield has been spending a few weeks in Denver recently.

Clayton Parkhill, Anatomist and Surgeon.*

By J. N. HALL, M. D. DENVER, Colo.

Clayton Parkhill was born in Vanderbilt, Pennsylvania, in April, 1860. He started out in life with the great advantage which comes to the farmer's boy, in acquiring robust health, and a wide knowledge of nature. He studied in the common schools, later graduated at the Southwestern State Normal School, and afterwards took a special course at Wooster University, in Ohio. He then taught school for two years.

Deciding to study medicine, he began under a preceptor and in the fall of 1881 entered Jefferson Medical College. In 1883 he was graduated with the degree of M. D., and obtained an appointment as House Physican in the Philadelphia Hospital, after a severe competitive examination. Here he served for one year, meanwhile finishing the course at the Pennsylvania School of Anatomy and Surgery, under Dr. McClellan.

In Jefferson Medical College he came under the influence of many of the great teachers of America, men who have probably given us a greater number of practitioners than any others of the country, and perhaps more of the very first rank than any others. We can scarcely measure the influence upon a young and eager student of the impression which the exam-

ple of such men as Gross, Pancoast, Keen, Ashurst and Agnew must have made. Behind all great deeds must lie some great source of insipration. Jenner was John Hunter's pupil; McDowell was a student of John Bell. From the men whom we have mentioned, and Dr. McClellan, whose assistant he became, Parkhill drew the inspiration for his great life's work.

Settling in Philadelphia, the doctor intended to practice there. He felt within him, however, the need for a greater field. He felt as thousands of other young men in different walks of life have felt, that with the proper opportunity he could do great things, and did as they had done before him: He turned his face westward, where, in a virgin land, he might find the great untilled field which he sought. 1885 he settled in Denver, and he brought with him the most precious thing the emigrant ever carried to a new country, the priceless seed of great undertakings.

Let us look at the then condition of surgery here, that we may appreciate what he did.

Was there no surgery in Denver in those days? Yes, but without any appreciation of the change which has taken place in the art since that time, one cannot understand why there was

^{*}Read before the Denver and Arapahoe Medical Society, February 11, 1902.

such an opportunity for a young man with modern ideas.

The surgery of America, in those days, was still in the masterly grasp of those great surgeons who, in the bloodiest war of modern times, had advanced their profession to an enviable position. In practically every city of the land the leading surgeon was a man who after Antietam, Gettysburg and Cold Harbor had amputated perhaps scores of limbs in a single day. The young man thirsting for a place in surgery stood no chance in the race with men whose operative work in a single day had exceeded all that he might hope to do in ten years.

As a result the surgery of the country in 1885 was in the hands of men already getting past middle age, and not easily adaptable to new things; as fine a class of surgeons, nevertheless, as ever honored the profession of any country.

Meanwhile the times had changed. Under the stimulus of the work of Lister, antiseptic surgery had been born. The older men watched the younger ones, and they fearlessly invaded field after field upon which they had never dared to tread, and they hes-The knowledge itated in their work. of bacteriology had been their undoing. A few of these men, conspicuously Keen of Philadelphia, and Connor of Cincinnati, adapted themselves to the new order of things; the great majority of them were crowded out by younger men.

And had these great men, thus crowded out of their field of activity,

done nothing for surgery? Let us look briefly at their work. After one of the great battles, perhaps 100 amputations performed. Experience taught them that in the serious wounds of the extremities, without amoutation 75 per cent died; with immediate amputation, 75 per cent lived. words, amputation avoided 50 deaths in each 100 cases, chiefly from septicemia, pyemia, erysipelas, secondary hemorrhage, and hospital gangrene. But the new surgery made unnecessary most of these amoutations, practically annihilating all these causes of death, and yet saved most of the limbs. Competition under these circumstances was out of the question.

The older men then stepped aside so far as operative surgery went; but the magnificent knowledge of nonoperative surgery which these men had attained, executive ability of the first order, and the power of handling large bodies of men, left them still invaluable to the profession and the world. As an illustration of this point, note that as the great railroads pushed westward almost every one had as chief surgeon one of these great men. Mercer of the Union Pacific, Livingston of the Burlington, and our own Bancroft of the Denver & Rio Grande, may serve as examples. During the transition period of which I speak, although the young men carried on their operative work independently, they continually sought the counsel of these older men in broad surgical questions, and in their fractures and dislocations. and in many non-operative parts of the. field of surgery for which an incomparable experience had so magnificently fitted them.

Settling in Denver, Parkhill became demonstrator of anatomy at the University of Denver, and at its organization, demonstrator of anatomy and professor of clinical surgery and dean of the medical department of the State University. Upon the reorganization of the Arapahoe County Hospital he was appointed visiting surgeon, and there and at St. Lukes', to which he was also attached, he did his great It was here that he devised his apparatus for cleft palate, his jurymast for fractures of the jaw, his apparatus for intestinal anastomosis, his device for supporting the body during operations upon the kidneys, and his invaluable clamp for uniting fractures. By the latter alone he is known throughout the civilized world. Within two years after its introduction even from the interior of Africa came reports of its successful use by a former pupil.

In the school and in the hospital he was a constant source of knowledge and of inspiration for better work, not only to physicians and students of medicine, but to that noble class of young women who have made modern nursing rank as a profession.

He shortly became a member of the Association of American Anatomists, and of the Association of American Surgeons, being vice president of the latter. This membership was particularly creditable to him, for there were at that time but two other members in the entire West, Cole of Montana and Lane of San Francisco.

Upon the outbreak of the Spanish war he went out as major and surgeon of the 1st Colorado Regiment, and achieved yet higher honors. Of these General Hale has spoken to you.

Dr. Parkhill deserves particular credit for the great things which he did, because of his being apart from the great centers of medicine, without the stimulating influence which comes from the intimate association with fellow workers. Just before he died, Dr. Eskridge told me what he missed most in Denver was this very stimulus to good work. Parkhill and Eskridge would both have shown more brilliantly under more favorable opportunities for scientific work.

Let me tell you of a little incident which happened a few years ago in Kansas City. One of her prominent surgeons said to Parkhill: "Why is it that you surgeons in Denver operate so many cases of brain tumor?" And the reply was: "Because we have a man out there who can make the diagnosis." In his tribute to Eskridge's ability he left out what his modesty prevented him from saying, although equally important, namely, that we had a surgeon that could operate such cases successfully.

In what did Dr. Parkhill excell in surgery? He was a man of good judgment, of accurate anatomical knowledge, of wide experience, but he was a superb operator. Never in any amphitheater did more facile hand follow the dictates of a clearer brain. In surgical technique, his brother surgeons will all tell you that he was easily their leader, and I, a physician, may

properly say that Denver has the reputation of having more than the usual quota of good operators.

Let us, then, pay our just tribute of respect to the memory of our deceased member. If he had a fault, let us forget it. Let us rather treasure the memory of his commanding eminence in the operating room, his invaluable counsel at the bedside, and his charming social qualities; of his enthusiastic energy in the hunting camp, and his recognized services in the field; and finally, let us proclaim that he was a leader amongst those brilliant men who gave the West the new revelation of modern surgery.

Small Pox and Pregnancy.*

By A. C. MAGRUDER, M. D., CRIPPLE CREEK, COLO.

From the epidemic of smallpox which prevailed in this district the early part of 1901 (and which was so universally scattered throughout every state of the union) arose numerous warm controversies both here and elsewhere. Some of these clashes of opinion resulted in lasting animosities between members of the medical profession, while some brought to light facts and truths of intestimable value to the profession.

It is not my intention now to discuss what constitutes smallpox, nor to arouse any of the old feelings which existed nine months ago among those who said we had no smallpox, but to present one case which greatly interested me and many of our members to whom it has been related.

The salt of investigation has not lost its savor among us, and I hope the relation of this case will inspire some one to close observation in cases of contageous and infectious diseases associated with pregnancy.

During my incumbency as Special Health Officer of Teller County, having charge of all cases of small pox outside of any incorporated town or city, there came under my observation some fifty cases. One of these was of so much interest to me that I thought a report of the case might be of value in at least leading up to a much discussed and very slightly understood subject, viz.: The placental transmission of disease to the foetus.

It is not to be denied that certain diseases are transmitted from the mother, or even the father, to the child, notably syphilis. The transmission of tuberculosis has long been in controversy, but the question has been practically settled by the investigations of Neil, Lehmann and Charrin, who declare that such transmission does not take place.

^{*}Read before the Cripple Creek District Medical Society, January 14, 1902.

It is true that children born of tubercular parentage offer a better soil for the growth of the tubercle bacilli, which are close at hand from birth; but the *soil* with the seed ever ready for transplanting is the inheritance, rather than the germ itself.

Roger has perhaps made more and better observations on the maternal transmission of smallpox to the foetus than any other observer. He has reported eleven pregnant women who gave birth to children who appeared to be absolutely well, but who all presented marked subnormal tempera-Seven of the eleven children shortly developed marked manifestations of variola, the symptoms appearing in a typical manner, beginning with elevation of temperature, followed by characteristic cutaneous eruptions. Three of the remaining four showed intense infection, the only symptoms being jaundice and subnormal temperature, with death four, six and eleven days subsequent to birth. One child developed a scarlatina form eruption, and only one of the eleven survived, the others dying in from one to three days after the development of the eruption.

On April 24, 1901, I was notified by Dr. St. Clair of a case at Independence which he diagnosed as smallpox. I made an immediate investigation, and found Mrs. H. in the vesicular stage, The diagnosis was confirmed.

History. Mrs. H., white, age 18, married. Family history good. Patient had always enjoyed good health. Would not be vaccinated, although it was offered about 30 days prior to the time she contracted the disease.

Examination revealed a pregnancy of about five months, and at the time I first saw her she was complaining of intense internal pains, which gave her far more discomfort than did the smallpox. Temperature, 104 degrees; pulse, 130. Miscarriage seemed iminent, and chloral was ordered at once, and in large doses. Patient was put on liquid diet and intestinal tract cleansed with the mild chloride, followed by salts. This was the fourth day of her illness.

April 25. Pulse and temperature were both lower, but uterine pains returned as soon as the effects of the chloral had worn off.

On April 26 the pulse and temperaturre were still lower, reaching normal on the 27th, when the patient felt quite comfortable, during which time the temperature and pulse were normal.

On April 29 the temperature rose rapidly to 103½ degrees, with pulse corresponding. With the characteristic secondary fever of the smallpox, the labor pains returned and chloral was again resorted to. The vesicles had become confluent by now, the face, hands and legs were a mass of pustules. The entire body was greatly swollen, the eyes could not be opened, and each finger stood well apart from the other.

The patient made an uneventful recovery, the uterine pains subsiding, and on May 18 she was discharged.

On August 12, at 8 p. m., I was called to Independence to attend Mrs. H., in confinement. The labor was remarkably short for a primipara, lasting only about six hours from the first pains. On reaching the house, exami-

nation revealed the cervix dilated to about the size of a 25 cent piece, foetal position L. O. A. Labor pains were frequent and of a good character. Within one hour dilatation was complete and a strictly normal delivery followed. Massage of the uterus was promptly begun, but the after-pains were slight and ineffectual. After 30 minutes the placenta was removed by the Crede method. There were no lacerations.

The child was a male, weight eight pounds and perfect in every respect, with no evidence of disease. There was an unusually small amount of vernix caseosa, so slight that it was remarked by the grand-mother and nurse in attendance.

I have watched the child carefully for five months, but found nothing abnormal. It has been a remarkably healthy baby.

On August 22, ten days after parturition, the mother got out of bed. During the day she went out in the yard and hung up some clothes. While returning to the house she slipped and fell on the steps. She felt no pain, but on reaching her room said she felt something filling the vagina and protruding from it. I was summoned at once, and responded within an hour. Examination revealed a utero-vaginal prolapse. I replaced the uterus and retained it with a tampon of gauze. This I removed in 24 hours, and after a hot douche packed gauze well around the cervix and filled the vagina. treatment was continued for a week at her home. She then came to my Neither a hard office for treatment. rubber nor soft round rubber pessary could be made to stay in position, and operation was advised. This was refused, and I have not seen the patient since.

SELECTED ARTICLE.

Climatology of Colorado for 1901.*

Temperature.

The mean annual temperature was 47.2 degrees, or 1.4 degrees warmer than normal, and practically the same for 1900, which was the warmest of the past six years. An excess was general on the eastern slope and in the western counties, but in the central part of the state and localities in east-

ern foothill region the temperatures were normal or slightly below. April gave a deficiency of 1.4 degrees; February, March, June and September, were practically normal, while the remaining months brought an excess, especially January, July, October and November. Comparison with the records which cover fourteen years,

^{*}From the Annual Summary, Colorado Section of the Climate and Crop Service of the Weather Bureau.

shows only one warmer July (1890) and one warmer October (1900), and that the mean for either August or November has not been equaled. The mean for July, the warmest month, was 71.5 degrees, and for January, the coldest month, 26.7 degrees. February and December were nearly as cold, the mean being 27.0 degrees and 27.8 degrees respectively. The means for the remaining months were as follows: March, 34.7 degrees; April, 44.2 degrees; May, 55.3 degrees; June, 63.0 degrees; August, 68.2 degrees; September, 58.7 degrees; October, 49.5 degrees; and November, 39.8 degrees.

January was the coldest month west of the Continental Divide and in the Rio Grande Valley, while February was the coldest on the eastern slope.

The highest annual mean was 55.4 degrees at Lamar, and the lowest 33.1 degrees at Breckenridge. The extreme maximum, 108 degrees, was recorded at Delta on June 29 and Lamar on July 10. Readings of 100 degrees or higher were noted during June, July and August in localities in the northwestern quarter of the state and generally in the valleys of the Arkansas, Uncompander and Grand. The extreme minimum, 45 degrees below zero, was observed at Antelope Springs, Mineral county, on January 14.

The greatest annual range was 136 degrees at Holyoke (extremes 106 degrees and 30 degrees). The least range 102 degrees, occurred at the station near Long's Peak (extremes 82 degrees and 30 degrees). The absolute range for the state was 153 degrees.

Precipitation.

The annual precipitation was 14.14 inches, or 1.48 less than normal—the least in six years. The average for 1896 was 15.07; 1897, 19.51; 1898, 15.82; 1899, 14.67 and 1900, 14.89 inches.

There was a deficiency at three-fourths of the stations; it was marked in Huerfano, the central part of Los Animas, Otero, Lincoln, Douglas, western Arapahoe, the eastern part of Boulder, Summit and Lake counties, and throughout the southwestern part of the state. An excess, nearly as marked, was noted in the extreme eastern part of Larimer and Arapahoe counties and in Yuma and El Paso.

July and November were the driest covered by the records, while the amount for August was practically the same as in 1897—the wettest August. By months the values were: January, 0.56; February, 0.63; March, 1.35; April, 2.21; May, 2.33; June, 1.46; July, 1.07; August, 2.25; September, 0.64; October, 0.59; November, 0.21; and December, 0.84. For the six months April to December, inclusive, the total was 9.96 inches, or 20 per cent less than the corresponding period in 1900.

The greatest amount was 27.32 inches at Lake Moraine, and the least 3.16 inches at Buena Vista.

The annual snowfall in the different sub-divisions averaged as follows: Arkansas Valley and Baca county, 17.7; San Luis Park, 20.1; Grand and Uncompandere Valley, 30.6; Eastern, 33.4; Divide, 51.2; Northwestern,

63.3; North-Central, 64.9; South-Central, 78.9; Southwestern, 91.0; Mountain and Park, eastern slope, 91.6; and Mountain and Park, western slope, 138.5 inches.

At Denver the average sunshine for the year was 73 per cent of the possible, or 3 per cent more than normal. At Cheyenne the average was 67 per cent; and at Pueblo and Grand Junction, 75 per cent. There was no sunshine on 22 days at Cheyenne, 12 days at Denver, 8 days at Pueblo and 2 days at Grand Junction. Number of days with 90 per cent or more: Denver, 141; Pueblo, 122; Cheyenne, 130; and Grand Junction, 169. At the last named station 113 days had 100 per cent.

The normal sunshine at Denver (II years' record) is as follows: January, 73; February, 69; March, 68; April, 69; May, 61; June, 71; July, 68; August, 69; September, 76; October, 76;

November, 73; and December, 68 per cent of the possible.

On an average 179 days, or 69 per cent, were clear; 119, or 33 per cent, partly cloudy, and 67, or 18 per cent, cloudy. The average number of rainy days (days with 0.01 inch or more precipitaion) was 64, the least number, 49 being reported for the Arkansas Valley and Baca county, and the greatest number, 84, from Mountain and Park, western slope.

The prevailing wind was from the west. The total movement at Cheyenne was 94,206 miles; Denver, 72,262; Peublo, 59,885; and Grand Junction, 43,649; giving an average hourly velocity of 10.7 miles at Cheyenne; 8.2 at Denver; 6.8 at Pueblo; and 5.0 at Grand Junction.

Relative Humidity—per cent at 6 a. m. and 6 p. m: Denver, 66 and 41, respectively; Cheyenne, Wyoming, 66 and 49; Pueblo, 68 and 40; and Grand Junction, 58 and 35.

CLINICAL REPORTS.

Report of Surgical Cases.*

By I. B. PERKINS, M. D., DENVER, Colo.

VOLVULUS.

Case 1. Mr. A., age 52 years. I saw the patient on January 12, 1899, with his physician, and got the following history. On the 7th of January, while moving some goods in the store where he worked, a sudden pain

was felt in the abdomen. The pain was severe and continuous and was referred to he umbilicus. The bowels would not move. Large enemata were given during the few days previous to the time I saw him. Only a small portion of the water returned. The

^{*}Read at the Rocky Mountain Interstate Medical Society.

abdomen became enormously distended, pulse rapid, and expression pinched.

His condition was desperate. It was plain that without surgical interference death would be inevitable within a few hours, and an operation was thought to promise very little. He was removed at once to St. Luke's Hospital, and a median incision about eight inches long made in the abdomen.. It was found that there existed an extremely long meso-colon, and that it was so twisted as to obstruct the outlet of the bowels above the sigmoid flexure as well as the caecum. distended colon pressed upon the ileum in such a way as to completely obstruct it, preventing the entrance of gas into the small intestines. The entire small intestine and stomach were collapsed. while the entire colon was enormously distended, the diameter of it being at least six inches. The colon was taken out of the abdominal cavity and untwisted; a tube was then inserted into the rectum and the gas allowed to es-The colon, which was dark throughout its entire length, but not gangrenous in any portion, was then easily returned into the abdominal cavity and the abdominal wound was closed in layers without drainage. The peritoneum was closed with a continuous catgut suture, the dense fascia with chromic catgut and a continuous suture of small catgut was used in the skin.

The enemas previously given, together with considerable faecal matter, passed continuously for twenty-four hours following the operation. Patient made a good recovery and left the hospital in three weeks.

Something more than two years after this operation, he had another attack of strangulated bowels, from which he died. He was not operated on at that time and I did not see him during his illness, but was present at the autopsy. A condition was found very similar to that present at the time of operation, and in addition to that, a loop of the colon was passed under a small but firm adhesion.

INTESTINAL OBSTRUCTION.

.. Case 2. Mr. B., age 45; German; machinist. I saw him first on June 16, 1899. He had suffered for three days with intestinal obstruction. Repeated high enemeta and strong carthartics had failed to get a movement of the bowels. Pulse, 130; temperature, 101 degrees.

I operated at St. Luke's Hospital, found a little pus and considerable lymph and seropurulent fluid in the free abdominal cavity. The entire bunch of small intestines was twisted once around, causing not only a strangulation of the bowels, but also a shutting off of the blood supply of the bowels to such an extent that the intestines were very dark. The bowels were very much distended with gas. A long incision was made in the median line. the intestines were removed from the abdominal cavity and the whole bunch carried once around, which relieved the strangulation. All portions of the gut were carefully examined and large quantities of hot salt were poured over. the intestines until it was seen that no portion would have to be resected.

The abdominal cavity was then thoroughly washed with several gallons of salt solution and the intestines returned. A drain of iodoform gauze was inserted and the abdominal incision closed by interrupted sutures of silk worm gut.

Two improved compound carthartic pills, pulverized and put into capsules, were given every two hours until sixteen had been given, at which time the enema of sulphate of magnesia in a small quantity of water, followed soon after by a high enema of a large quantity of soap suds, succeeded in producing a movement of the bowels. For twenty-four hours following this the bowels moved frequently and copiously On the third day while the nurse was out, the patient feeling good, got up and walked across the room. No bad results followed this procedure. gauze drain was removed on the fourth day. Inside of two weeks the abdominal incision had closed and a few days later the patient went to his home. His health has been excellent ever since.

TUBAL PREGNANCY.

Case 3. Mrs. C., aged 28 years. Mother of one child. She supposed herself pregnant about six weeks and attempted an abortion. She had been having a little irregular stringy flow for two weeks prior to the time I was consulted.

On examination a mass which was supposed to be a tubal pregnancy was felt in the left side; the pain was quite severe. There was no history of any attacks of lancinating pains or of fainting spells. August 8, 1900, I made an

exploratory incision for the purpose of A pregnancy in the fimdiagnosis. briated end of the left tube was found, the sack of which had not been broken. It was supposed to be about the sixth week. The foetus could be seen floating in the amniotic sac. I removed the tube together with its contents and show you a picture of the You will notice the fimbriated end of the tube as it grasps the foetal sac. The white spot which you observe about the center of the cyst is the foetus. The patient made an uninterrupted recovery.

Case 4. Mrs. D., age 33. The mother of three children and has had several miscarriages. About three weeks prior to the date of my first visit to the patient, which was November 4, 1900, she had had an abortion and was curetted a few days later by her family physician, who certainly removed infected material from the uterus which indicated pregnancy of about weeks. At the time I first saw her she was suffering from septic symptoms; her abdomen was tightly distended, her pulse rapid and temperature about 103. A mass about the size of an orange could be plainly felt in the right side, almost high enough to indicate trouble with the appendix. examination below it was deemed wise to make an abdominal incision in order to see if there were any adhesions through which the supposed abcess might be emptied into the vagina.

On opening the abdomen a considerable amount of pus and sero-purulent fluid, together with blood and dark blood clots, were found in the cavity.

A mass was peeled out and found to contain considerable pus in one portion and in another to contain a foetus at about the twelfth week, together with membrances and clots. The abcess occupied the right cornu of the uterus. The uterus was also infected and spongy; to remove the infected portion without removing the uterus was deemed unwise, consequently I did a hysterectomy, amputating just above the vagina. A view of the specimen will give a better idea of the condition than my description will.

I put in a large quantity of iodoform gauze for drainage and closed the abdomen with uninterrupted sutures of silkworm gut, leaving ample space for Some of these sutures the drain. sloughed within a few days and they were all removed and the entire incision used for drainage. This weakened the wall to such an extent that at the end of three weeks the patient was again anaesthetized and the abdominal wound scarified and closed in lavers with cat-gut to prevent hernia. tient made a good recovery and has since been well. The theory in the case is that there was a twin pregnancy. one being in the uterus and the other in the tube, and the tubal mass became infected at the time the uterus aborted.

STONE IN THE URETER.

Case 5. Mr. E., young man aged 22, of slender build, was brought to St. Luke's Hospital on the evening of February 13, 1900, with high temperature and pulse. Had a chill during the night and the temperature went up to 106 3-5 degrees, pulse, 160. He had been ill for about a month, was

very emaciated and was in a desperate condition. A mass about as large as a cocoanut could be plainly outlined in the right upper part of the abdomen. It appeared to come from under the liver and extended down as low as Mc-Burney's point. It had been diagnosed abcess of the liver, and an attempt to aspirate from behind had thrown no light on the case. I operated early the following morning, feeling that this was the only chance for the young man's life. The patient was heavily stimulated with strychnine and sparteine and transfusion of the normal salt solution was begun as soon as he was brought into the operating room.

Examination under anaesthesia failing to make clear the diagnosis, I therefore made an abdominal exploratory incision to the right of the median line and above the umbilicus, and determined that the mass was kidney with a large fluctuating mass anterior to it. This abdominal incision was immediately closed in layers with continuous catgut sutures and sealed with collodion. A slightly curved incision was then made in the back over the kidney, and the capsule of the kidney opened. The patient was in such desperate condition that it was feared he would expire on the table, and in order to save time without further exploration I opened the kidney from the posterior surface. Immediately on cutting into the cavity of the kidney, pus and bad smelling urine began to flow freely and the mass lessened very much in size. A pint or more of pus and urine was discharged. There was considerable hemorrhage from cutting into the kidney which I controlled by packing gauze rather firmly into the pelvis of the kidney and outward to the surface. I closed the wound with interrupted sutures of silkworm gut, leaving room to remove the gauze drain. A gauze compress was placed over the wound and the patient was kept on his back. Urine escaped freely through the wound, making it necessary to frequently change the dressing. A small amount only of bloody urine passed from the bladder.

The patient began to convalesce rapidly, but complained of considerable pain in the right side below the mass. The seat of pain kept gradually moving down, and I decided that there was a stone in the ureter which had closed it, preventing the escape of urine. Several times I packed the sinus tightly with gauze and placed a compress externally and held it in position with adhesive plasters, hoping that the pressure from the retained urine would be sufficient to force the stone through the bladder. Each time on doing this, the patient would have a chill and a rise of temperature. These symptoms would subside as soon as the compress and sinus packing were removed. He gained considerably in flesh and appeared strong and well, but still complained of the pain which had now gotten down almost to the pelvis. I decided to send him home and allow him to recuperate more fully and later to return, when I expected to operate again and try to remove the stone. When he had been home ten days, I received a letter from him stating that he had felt the stone drop into the bladder, and shortly after in urinating had succeeded in passing it through the urethra. The stone which I show you here is the largest that I have known to pass through the ureter. The urine immediately began to flow through its natural channel, the flow through the sinus ceased and the sinus closed within a few days. The patient has had no trouble whatever since, and at this time is in the best of health.

SUPPURATIVE PERITONITIS.

Case 6. Mr. F., age 21 years. Was brought from one of the mountain towns to Denver September 14, 1900. For several days he had been suffering from slight derangement of the stomach and bowels, and on September 11 he complained of a pain in the right iliac fossa. This pain was not severe enough to keep him from his duties. which were those of a clerk in a furniture store, until the afternoon of September 13, 'at which time the pain was so severe that he went to his home, and the next afternoon was brought to Denver. He was taken from the train to the hospital at once. Appendicitis was diagnosed and an operation His temperature was decided on. 1031/2 degrees and pulse 150 at the, time of operation.

On cutting through the peritoneum, a large quantity of pus poured out. It was found that he had an appendix abcess which had broken into the general cavity probably twenty-four hours before. Several ounces of thick pus were found in the pelvis; as much more was found in the left inguinal region, and as much more up under the liver. There were also several smaller pock-

ets of pus in various places through-These were found out the abdomen. by separating the intestines with the fingers without removing the intestines from the abdominal cavity. was also some faecal matter in the sac of the original abscess as well as a sloughed appendix. The appendix was removed, the abdominal cavity thoroughly washed with hot salt solution and peroxide of hydrogen was used freely throughout the entire cavity. I then placed sixteen narrow strips of iodoform gauze, each one yard long, in the abdomen, reaching to all parts of the cavity and diping in between the intestines.

These were brought out of the incision and were tied together. entire incision was used for drainage. As soon as the patient had suffciently recovered from the anaesthetic to be able to swallow, he was given two improved compound carthartic pills, pulverized and put into capsules. dose was repeated every hour until he had taken and retained thirty-two. At this time, some eighteen hours after the operation, his bowels began to move and moved almost continuously for the next eight or ten hours. then began to give him beef juice and beef tea. His bowels were kept loose during his entire illness.

A small portion of the gauze was removed and cut off on the fifth day, and a part was removed each day after that until, on the eighth day, all that remained was removed. He recovered without any bad symptoms whatever, and, owing to the large opening left to granulate up, which would certainly

produce hernia, he was again given an anaesthetic and the wound was closed in layers with interrupted sutures of silkworm gut. No hernia followed and the young man reports perfect health at this time, having been the champion runner in a base ball team during the past summer.

The points in this case which gave success were, I believe: First, the intestines were not removed and wiped off, as is sometimes done, thereby saving the patient considerable shock; second, the abdomen was thoroughly cleansed and well drained; third, the bowels were moved early and kept loose, thereby preventing adhesions from reforming; fourth, the gauze was left in a long time and removed gradually, thereby preventing the formation of secondary abcesses by the collapsing of the sinuses, as would otherwise have been the case had the gauze been removed all at once, and on the second or third day after operation.

Case 7. Master G., aged 9 years. Eight days prior to the time I saw him he had been suffering from an attack of appendicitis. It was supposed to be only a simple catarrhal affair, and the history of the case certainly bore out that view. On March 1, 1000. his physician, who had dismissed the case several days before, was called and found him suffering considerable pain in the appendix region. a pulse very little above normal and his temperature was only a little over 100 degrees. I was called in counseltation the following morning. was at that time a slight mass in the appendix region. His temperature was

about one degree above normal and his pulse did not indicate a serious condition. He was removed to the hospital and operated on the same day.

Immediately on cutting through the abdominal wall, pus and sero-purulent fluid began to escape through the wound, and we found that there was a general peritoneal infection. peritoneum was very much infected and in places the intestines were beginning to adhere together and considerable lymph had formed. The appendix was removed, the abdominal cavity thoroughly washed out with a large quantity of hot salt solution and a number of pieces of iodoform gauze were placed throughout the abdomen between the intestines and omentum. as described in case No. 6. This made a very free drainage. Patient's bowels were moved freely, and on the fourth day I began to draw out a little of the gauze each day, taking the last of it out on the seventh day. In taking out the last piece of gauze a loop of the small intestines came out with the gauze. It was in very good condition, was simply returned to the abdominal cavity and a little packing placed loosely through the abdominal wall in the wound. No attempt was made either in this or the previous case to again introduce gauze into the sinus for any great distance after the original packings had been removed. The boy made a rapid recovery, and has had no further trouble that I know of.

Case 8. Miss H., aged 18 years. On June 29 I saw this patient in consultation with her family physician. I found a large pelvic abscess which ap-

peared to be high, and the tissues between it and the vagina moved readily showing that it was not sufficiently adherent to safely admit of opening through the vagina. On this account. I made an exploratory abdominal opening, in the median line for the purpose of determining whether or not there was a point below where the adhesions were sufficiently firm that I could reach the pus from that channel. On cutting through the peritoneum a considerable amount of pus and sero-purulent fluid escaped and a large amount of lymph was found. A point where adhesions were fairly firm were found. and by keeping close to the uterus I burrowed up from below and emptied the pus sac and quickly introduced a double drainage tube. The abdominal cavity was then thoroughly washed out and a large amount of iodoform gauze for drainage was placed in the cavity above and around the abscess mass, and the patient sent to her room. Her condition was considered desperate and to take out the pus sac and the tube was deemed unwise. She rallied slowly. We succeeded in getting an early bowel movement from four compound carthartic capsules which had been given two hours before the anaesthetic was commenced; a practice which has given me much satisfaction during the last few years.

On the fourth day removal of the gauze was commenced, and although there was a discharging sinus for some time the patient made a good recovery. The abscess drained from below for a considerable time after the upper sinus had closed. Patient did

well and was fairly comfortable for more than a year; at which time, from the history of the case, the abscess sac had probably begun to fill again. She was taken with a severe pain and her physician sent for. He was out of the city, and I went to see her. On my arrival she was found to be in a state of collapse. She sank rapidly and died in a few hours. No post mortem was held. I believe that the abcess had again broken into the abdominal cavity.

Had her condtion been sufficiently good at the time of the abdominal operation, I should have taken out the diseased appendages, but she certainly could not have survived that operation at that time. A subsequent or interval operation was denied us.

Case 9. Mrs. I., aged 48 years. On August 24, 1900, I was asked to operate on this patient by her physician, who had previously made a diagnosis of gall stones. A tumor as large as a normal kidney, rounded on the lower end, could plainly be felt in the region of the gall bladder and below. There was a previous history of repeated attacks of colic, though for some time the disturbance had been in the nature of a constant pain without attacks of severe pain. Septic symptoms had been present for some weeks. There was an occasional chill followed by a rise of temperature and occasional sweats. It was decided that the enlargement was a tongue of the liver with probably a distended gall bladder under-The mass moved up and neath it. down with respiration, but was not as

freely movable as a distended gall bladder usually is.

The incision was made over the A great many adhesions were found binding the mass more or less firmly to the intestines and other surrounding organs; these were separated. A hard mass which appeared to be gall stones could be felt in the duct below a mass which appeared to be the gall bladder. The gall bladder was scarcely any larger and could not be brought up to the abdominal wall. The duct was distended for a distance of about three inches. The general abdominal cavity was thoroughly walled off with gauze and the gall bladder opened. We found that it contained an ounce of thick pus and no other fluid whatever. There was a membranous division between this pus sac and the gall stones. It appeared that the mucous membrane of the gall bladder had closed together over the stones at the juncture of the gall bladder and the duct. An incision was made in this membrane and the stones removed with a dull scoop. They were tightly impacted and hard to remove. After working about an hour and a half we succeeded in clearing out the gall bladder and ducts. One hundred and seventy-five stones were removed, most of them small but some of fairly good size.

Feeling certain that the duct was free from any obstruction, the gall bladder and the surrounding structures were thoroughly sponged with peroxide of hydrogen, followed by salt solution. The abdominal cavity was not flushed out but simply sponged as best

we could. The opening in the gall bladder was then closed with two rows of catgut sutures, turning the thickened peritoneal surface in as best I could. The whole mass was then surrounded with iodoform gauze and a column of gauze one inch or more in diameter was carried out at the abdominal open-

ing. The abdomen was closed with interrupted sutures of silkworm gut, leaving only room for the drainage.

The patient stood the operation well. The gauze was removed on the fifth day and the sinus closed in about three weeks. Patient made an uninterupted recovery and is now in good health.

COMMUNICATION.

Pueblo, Colo., Feb. 6, 1902.

Doctor—The Executive Committee wishes to remind you of the approaching meeting of the State Society at Pueblo in June, and impress upon you the ecessity for your personal support and assistance in making this first country meeting, for some years, a success in every particular.

This can only be accomplished by the co-operation of every individual member of the society. Let it be talked of on every possible occasion. There are in every city and village in the state

physicians who are eligible to membership in the society—who would help the society and in turn be helped by it. Call their attention to these duties, both to the profession and to themselves.

The committee would suggest that you send in at once to the president of the society the title of the paper you will contribute to the meeting that it may be announced in time for all who wish to prepare for its discussion.

Yours truly,

C. V. MARMADUKE.

Dr. W. W. Grant of Denver, surgeon general of the Colorado National Guard, has had additional honors donned upon him. He was elected vice president of the Western Surgical and Gynecological Association at its recent meeting in Chicago.

The Denver & Rio Grande R. R. has taken option on the hot springs at Pagosa Springs, Colo. It is proposed to erect a new hotel and a bath house and develop Pagosa Springs as a summer and health resort.

The new operating room in the Laramie County (Wyo.) Hospital is to be the finest in the state. It is provided with a tile floor, modern plumbing, a new operating table and the various devices and equipments which go to make up a model operating room.

A few isolated cases of contagious diseases are reported from different points, but taken in the aggregate, health matters in the Cripple Creek district are in a very satisfactory condition.

THE COLORADO MEDICAL JOURNAL

AND WESTERN MEDICAL AND SURGICAL GAZETTE

A Monthly Journal for the Medical Profession of Colorado and Adjoining States.

WM. N. BEGGS, A. B., M. D., ALLISON DRAKE, Ph. D., M. D., **Editor and Publisher** Associate Editor

DEPARTMENT EDITORS

MEDICINE—	
Respiratory and Circulatory Organs	
Digestive Tract	
Tuberculosis	
Neurology and Alienism	B. OETTINGER, M. D.
Therapeutics	A. ZEDERBAUM, M. D.
Physiology and Hygiene	ALLISON DRAKE, Ph. D., M. D.
Ophthalmology and Otology	MELVILLE BLACK, M. D.
I arymanlagy and Rhinology	
Gynecology and Obstetrics	CLARENCE L. WHEATON, M. D.
Diseases of the Genito-Urinary System	DONALD KENNEDY, M. D.
Discussion of the Country Country Country	

LOCAL EDITORS:

Colorado Springs, ColoFrank L. Dennis, M. D.	Leadville, Colo
	Pueblo, Colo
Fort Collins, ColoP. J. McHugh, M. D.	Trinidad, ColoJames Gill Espey, M. D.
	Wheatland, N. DEdward Chase Branch, M. D.
Greeley, Colo	Reno, Nev
La Junta, ColoFrank Finney, M. D.	Las Cruces, N. MJ. Frank McConnell, M. D.

Subscription, \$2.00 Per Year, in Advance.

Single Copies, 25 Cents

ORIGINAL ARTICLES, CRISP EDITORIALS.

CLINICAL REPORTS, SOCIETY REPORTS. CORRESPONDENCE. NEWS ITEMS.

Invited from the Western States of Utah, Wyoming, New Mexico, Kansas, Nebraska, Arizona, but particularly from Colorado.

All matter intended for publication in the next issue should reach the editor by the first of each month. Each contributor of an article will receive ten copies of the Journal containing his article, upon appli-

reasonable number of illustrations will be furnished by the Journal free of charge if suitable drawings or photographs are supplied by the authors.

Address all communications to

THE COLORADO MEDICAL JOURNAL, 133 W Colfax Ave., Denver, Colo.

Vol. VIII.

DENVER, COLORADO, FEBRUARY, 1902.

No. 2

EDITORIALS.

HEALTH POLICIES.

The health policy is a form of insurance which meets with some considerable acceptance among the members of the medical profession. well to have their attention called to the subject of the bearing of pulmonary tuberculosis on such policies. Many of the members of our profession

and their patients have come to this country on account of pulmonary tuberculosis of more or less marked character. They are approached and requested to take out insurance in the form of a health policy providing indemnity against sickness from a certain limited number of specified acute diseases.

From personal experience the writer

knows that if the statement is made to the agent that the solicited party is out here for his health, that is liable to be glossed over by the agent on the ground that the policy does not insure against that disease, and only those specified are a matter of concern. It is well to know that the existence of pulmonary tuberculosis is an absolute bar to the collection of any indemnity for such affections as are included in the policy as the following letters from an agent of one of the companies would indicate:

Denver, Colo,..... Mr.

City:

Dear Sir: I am in receipt of your favor of enclosing claim blank, claiming indemnity for disability resulting from acute bronchitis. I note your attending physician, states that you are suffering from pulmonary tuberculosis, from which you have been suffering ever since he first knew you. which was in January, 1800. The application for your health policy, dated states that you are in sound condition physically, which, of course, was not true and the policy being issued upon a basis of the statements made in the application this alone would warrant our refusing to pay your indemnity in the case under consideration, as we certainly would not have issued the policy had we known that you were suffering from pulmonary tuberculosis. The policy states that the company is not liable for any illness complicated by or resulting from a disease not specifically covered by the policy, and as your attack scems to have been complicated with both pulmonary tuberculosis and laryngitis, I do not see how we can allow your claim.

The italics in the above letter are ours. The laryngitis was an acute one coincident with the attack of bronchitis and resulting from the same exposure. It is to be noted from the above letter that such coincident complications not specifically stated in the policy, although the result of the same cause, vitiates the policy so far as indemnity from the company is concerned.

Knowing of the tendency on the part of agents to pass over, as immaterial, the pre-existence and possibly the present existence although in a latent state, of pulmonary tuberculosis and the tacit misrepresentation which unquestionably frequently secures policies, a letter was addressed to the home company inquiring specifically as to the bearing of that condition on such policies. The following response was received:

Denver, Colo.,.....
Dr.,

City:

Dear Doctor: Your letter of.... addressed to the company at New York, inquiring as to the effect pulmonary tuberculosis has in determining the issuance or rejection of health policies by this company has been referred to me. In reply I wish to say that persons suffering from pulmonary tuberculosis or any tubercular disease are always rejected by this company when application

is made for health insurance, this because pulmonary tuberculosis or tuberculosis of any kind increases the health hazard for the reason that it lowers the vital resistance to any disease.

I note that you have been approached by agents with the assurance that tuberculosis had no effect upon the issuance, conditions or validity of a health policy, as that disease was not among the ones insured against. It is with satisfaction that I note that none of my agents would undertake to go contrary to my absolute instructions, that persons suffering from tubercular diseases are not to be insured. One of the questions in our application for health policy is as follows: "I have not now, nor have I had during the past year, any local or constitutional disease," and a truthful answer to this question bars any person suffering from tuberculosis from getting a health policy.

This would seem to settle the question. However, it remains a fact that if the direct statement is not made to the agent that the individual is suffering from tuberculosis, he is given the impression that being out here for his health, which in nine cases out of ten means tuberculosis, is not of importance and need not be mentioned in the application.

The satisfaction of the author of the foregoing letter is rather misplaced, as it was one of his own agents who wrote the policy before mentioned, and who likewise solicited the author to apply for insurance.

The importance of the matter will be readily recognized by our readers.

THE COLORADO STATE MED-ICAL SOCIETY.

ITS NEXT MEETING.

As will appear from a communication on another page, the executive committee of the Colorado State Medical Society is now actively at work preparing for the next meeting, which is to take place in June in Peublo. Heretofore the meetings have been favored by the fact that they were held in Denver with its large number of resident members of the profession. The designation of Pueblo as the place for the next assembly is experimental. It is to be hoped that that experiment will be a success, that the meeting will be the most successful in the history of the society, both as regards the work done and the attend-It would be well if the physicians throughout the state would begin laying their plans to take at least a portion of their vacation in June and encourage the extra-Denver profession with their presence and active co-operation.

THE ST. LOUIS CASE AGAIN.

The committees from the St. Louis board of health and the St. Louis city council appointed to investigate the deplorable calamity resulting from the use of poisonous diphtheria antitoxin have made their report. They find that the city bacteriologist, although he knew the character of the antitoxin, did not prevent its issuance. They rec-

ommend his discharge and further recommend that the city no longer produce antitoxins. From the evidence. this conclusion of the committee was a foregone one. It is difficult to see how it could be otherwise. ommendation to abstain from the further production of antitoxins is both wise and commendable. For reasons given in an editorial in a previous number, confidence in such commercial transactions must be entirely temporary and dependent upon the person of the individual happening to be in office.

The City of St. Louis has been made the defendant in suits for damages on account of a number of deaths resulting from the use of its products. Its liability probably depends upon the legal code of the state of Missouri. If not liable, this would furnish another reason why municipalities should not engage in such enterprises, because there certainly should be some recourse to the sufferers from, to say the least, inexcusable negligence.

MUNICIPAL VACCINATION.

Along with the foregoing quespermitted to tions we might be raise that of the advisability and promiscuous vaccindesirability of ation in the hands of municipal boards. It is a well-known fact that during the smallpox scares large numbers of citizens are vaccinated at city dispensaries under the control of boards of health without any regard to the necessity of such work being undertaken by and at the expense of the

municipality. No word will be raised here against the vaccination of our pauper population under such circumstances and such conditions. a necessity of public sanitation which cannot be gainsaid. With classes of citizens it is different. would be absurd to suppose that even a majority of the large number of individuals which appear for free vaccination are not financially able to consult a physician for that purpose. The fees charged for that simple operation are universally so small that but comparatively few would be suffering a hardship if required to pay them. Notwithstanding this fact our boards of health regularly perform this office for hundreds without charge, thus directly reducing the legitimate income of our general practitioners. We may be permitted to inquire as to the justice of this practice. We may also inquire what would be the liability of such cities in case of such accidents as have followed vaccination in Camden. New Jersey and other locations. One point is established, the failure to charge a fee does not serve as a release from liability.

DR. CLAYTON PARKHILL.

The following resolutions have been adopted by the Medical Board of St. Luke's Hospital, Denver, on the death of Dr. Clayton Parkhill.

"The Medical and Surgical Staff of St. Luke's Hospital is called upon the mourn the death of one of its most prominent members.

"Dr. Clayton Parkhill was appointed

attending surgeon to the hospital in 1899 and served continuously in that capacity until his death. As a surgeon he was painstaking, intelligent and careful, successful in his work, kind and gentle in the treatment of his patients. As a man, he was courteous and amiable; as a colleague he was companionable and helpful.

"Dr. Parkhill was one of the most brilliant of operators and the profession is indebted to him for many useful and practical surgical inventions. His counsel was eagerly sought by students and practitioners. As a writer he was clear and forcible; as a lecturer he was eloquent and thorough. He was in truth among the distinguished of American surgeons, and did much to shed luster on his chosen profession. At the breaking out of the Spanish-American war he was among the first to respond to the call of duty, and as a military surgeon he deservedly held high rank.

"The staff of this hospital desires to record its appreciation of his long and valuable service to the institution and of his many endearing personal qualities; and it extends to his bereaved family and friends its profound sympathy."

CHARLES A. POWERS,
WALTER A. JAYNE,
E. J. A. ROGERS,"
Committee.

DOES THE SOUL MIGRATE?

About the devil and about the soul there has in all ages been much speculation, with little if any progress in ascertaining whether there is really a devil or whether man really has a soul. The importance to be attached to the answer to either question is not to be lightly estimated, as may be inferred from the fact that at one time in the history of the world much harsh treatment was carelessly inflicted upon the lower animals because they were thought to be without a soul, and therefore not subject to pain.

Instead of first actually determining whether man really has a soul, zealous men have assumed that he has, and have proceeded to ascertain in what part of the body the soul holds retreat. Some have thought it resident in the Others have variously located Descartes, the master mind of the seventeenth century, if not of all time, concluded after much acute reasoning. that the pineal gland must be the home of the soul.* It is amusing, if not sad, to see the soul dogma retain possession of a man whose affinity for truth led him, in preparing himself for the quest of truth, to attempt to lay aside all previously acquired knowledge except that expressed by the words cogito ergo sum, and who also was at once the founder, the architect

^{*&}quot;... the soul is united to the whole body, yet the union takes place through the medium of a definite organ. This is the conarion, the small cone (gland pineal), suspended at the point where the vital spirits meet and across each others' paths. Apart altogether from its position, it is the most suitable organ to serve as the special seat of the soul, because it is not one of those which exists in pairs; and it is important that the soul should feel as a single sensation what is presented to it by the two eyes."—Descartes (Erdmann: Hough.)

and the builder of the most beautiful and (may we not say?) the most useful department of mathematical science.

No less amusing is it to learn that a living scientist of note who occupies the chair of Physiological Science in one of our leading universities, and whom we may designate as Professor Moderno, has recently conjectured that the soul resides in the spinal cord! The experiment on which the conjecture is based is an old one; and the conjecture itself can hardly be new, for to whose boyhood was it not known that the tail of a beheaded snake "won't die until after sunset"?

The soul, according to common belief, is infinitesimal in size; whereas the spinal cord is a thing of considerable magnitude: so that Professor Moddiscovery. erno's while seemingly bringing us into possession of the long sought truth, really leaves us almost as far from it as ever. Consequently the search for the soul must go on, like that for the holy grail, until joined in by some Sir Galahad, able to preserve his life and his virginity till he has seen and scrutinized the eluding soul. And when the soul has been actually found, who shall say that it has been found at home? Furthermore, in view of the numerous organs of the body at one or another time said to be the abode of the soul, may it not reasonably be

conjectured that possibly the soul, like the kings of ancient Persia, has its Susa and Ecbatana, its winter and its summer residence?

From all this it is seen that the end of the search for the soul is not yet. To those who would probe farther into the jelly of the spinal cord in the hope of hitting upon the secluded soul, we would suggest the *intumescentia lumbalis* or the *filum terminale* as the field most likely to yield triumph to the investigator.

Modern research is daily bringing to light marvelous truths in every field of investigation; but the cause of scientific truth would be better served if some of the investigators were less ambitious of distinction and more critical in conjecture. Even men of the highest eminence as investigators in the field of science seem unable without envy to view success and widening fame for a brother investigator; and thus almost daily it happens that some wonderful discovery is announced as made or about to be made which turns out to be only a mare's nest.

It is, we believe, to this species of unbridled ambition and to an unseemly itching for sensational and continuous notoriety that we owe the recent publication of the conjecture that the soul has its fixed abode in the spinal cord.

A. D.

Dr. St. Clair of Altman removed December 20 to Victor, and has taken an office in the First National Bank building. Dr. Dunwoody of Cripple Creek returned December 23 from a two months' stay at the new York Polytechnic.

PROGRESS OF MEDICINE.

Physiology.

THE FORMATION OF BILE PIGMENTS AND BILE ACIDS.

Experiments by Croftoy in the Pepper laboratory go to show that bile is not formed by any vital activity of hepatic tissue. Croftoy has formed bile from hemoglobin by chemical process, and thinks that bile is formed in various parts of the body. He has isolated a ferment from the liver, which he has demonstrated to be identical with trypsin. This ferment produces bile from hemoglobin. He infers that it is the presence of this ferment in the liver which causes the formation of

bile.—The St. Louis Courier of Medicine, Editorial.

LECITHIN.

This is a chemical compound of glycerine and neurin, with phosphoric acid. It occurs in the yolk of hen's eggs in the strength of about five per cent. A diet of milk and eggs will usually supply all the lecithin needed in the body, and consequently the pure lecithin need be given as a rule only in cases where such a diet is not properly digested. *Idem*.

Ophthalmology and Otology.

HOLOCAIN. A NEW ANESTHETIC. By Drs. R. Heinz and C. Schlosser. (Privatdocent for Diseases of the Eye in Munich.) Reprinted from Klinische Monatsblatter fur Augenheilkunde by the Journal of Ophthalmology, Otology and Laryngology, November, 1901.

In reproducing this article in full we feel that it covers the field so fully that additional comment is almost unnecessary. We would like, however, to preface the article by saying that cocaine, while intended originally as a local anesthetic, has come to be used extensively as a remedy because it temporarily removes pain. The practi-

tioner prescribes it freely in corneal ulcer, after extraction of foreign bodies from the cornea, in acute conjunctivitis, iritis, etc. The results are frequently most disastrous to the cornea. feel sure that a number of such cases have under notice come wherein the of cocaine use cally as a remedy in the eyes was directly responsible for a most unfortunate condition of affairs, sometimes demanding enucleation. Cocaine is a local anesthetic pure and simple, and should never be used as a remedy. This is so because after it is used a few times the epithelial layer of the cornea becomes partially opaque and roughened from swelling and disintegration, and the eye intensely congested from a reactionary dilatation of the blood ves-Such a drug can certainly not remedy any condition it may be used for, but it can make it a great deal Holocain is not only a local anesthetic, but it is also a powerful antiseptic. It does not injure the corneal epithelium, nor influence the caliber of the blood vessels. It can be used to relieve pain in the eye due to local abrasion or conjunctival inflammation without being harmful. We would most heartily recommend that all physicians have their druggists put in a small supply of Holocain, and the next time they are prompted to prescribe cocain to substitute Holocain instead.

"Holocain is the p-dieth-oxyethenyl-diphenyl-amidin hydrochlorid.

CH_3 $\begin{array}{l} N-C_6H_4OC_2H_5 \\ NH-C_6H_4OC_2H_5 \end{array}$

One of us (Heinz) has investigated this substance pharmacologically, while the other has tested it as to its applicability in ophthalmological practice. The substance is closely related to phenacetin; it arises from a combination of acet-p-phenetidin and phenetidin under the influence of dehydrating substances. The combination belongs to the class of amidines:

R. C. $\stackrel{NH_2}{NH}$ (R radical)

of which numerous representatives have long been known, for example the simpler

$CH_2C \frac{NH_2}{NH}$ enthenylamidin $C_6H_6C \frac{NH_2}{NH}$ benzamidin*

The substance is a strong base, with a melting point of 121 degrees C., insoluble in water, but soluble in alcohol and ether. The chloride of this combination ("Holocain") is a substance having a neutral reaction and crystallizing well. It dissolves slowly in cold, but readily in hot water, although more or less of it crystallizes after a longer or shorter time—according to the temperature—in the cooling of strong solutions (4 per cent to 5 per cent), weaker solutions (1 per cent to 2 per cent) remaining unchanged after an indefinitely long period.

Pharmacological studies of Holocain have shown the following results:

A I per cent solution placed in the eve of a rabbit caused no phenomena of irritation. The animal does not compress his eyelids nor make an effort to dislodge the substance by wiping movements, etc.; on the other hand, it remains tranquil. A 5 per cent solution sometimes causes blinking for a very brief period, together with reddening of the conjunctiva. Holocain in substance, when dusted into the eye, causes more irritation, with compression of the eyelids, lachrymation and redness and swelling of the conjunc-In the dog the application of I per cent to 5 per cent solutions to the eyes causes at the most only a transitory blinking, no compression of the

^{*}These two substances, the radical combinations of the fatty and aromatic series, respectively, have, according to researches, no anesthetic action; they rather wholly resemble in their action the nearly related combination guanidin.—Heinz.

eyelids, no defensive movements. short time after the instillation of Holocain, a complete loss of sensation may be demonstrated in both cornea conjunctiva; neither contact. puncture, incision nor burning are perceived. In rabbits the least concentration of a solution, one instillation of which will bring about complete anesthesia, is 0.2 per cent. If a 1 per cent soultion is used, complete anesthesia is produced within 15 to 20 seconds, and the effect persists for 12 or 15 In dogs the concentration necessary to secure complete anesthesia must be greater, as must also be the duration of the action; only a 0.4 per cent or 0.5 per cent solution produces complete anesthesia. After instillation of a 1 per cent solution some 40 seconds elapse before the appearance of complete insensibility. The effect, therefore, appears to be maintained for a longer period—20 minutes or more.

A 1 per cent solution of Holocain is more than sufficient for the production of complete anesthesia. This result is brought about by the paralysis of the sensory nerve-endings, and is probably not at all due to secondary ischemia, genesis of cold, etc. may be shown experimentally upon the bloodless reflex-frog. A frog with its brain destroyed and heart excised is hung up with its hind legs spread apart by a suitable device; one leg is dipped in one-third per cent hydrochloric acid (this is a concentration which excites the sensory nerve-endings of the frog without causing any permanent injury to the tissues) after two or three seconds the frog draws the extremity so treated from the acid solution amid violent movements of protection. same extremity, or the opposite one, is dipped in a 1 per cent Holocain solution, wiped dry and rinsed with 0.6 solution per cent ofsodium chloride, and again dipped in the hydrochloric acid solution. If the extremity has been exposed to the Holocain for a brief period only, it is withdrawn by the frog after 5.8.12 seconds. If the Holocain has had one minute to act upon the extremity, the latter is not withdrawn at all. It is. therefore, proven that Holocain paralyzes the endings of the sensory nerves.

Any further action upon the eye than anesthesia is not produced by Holocain. It has no influence upon the width of the pupil, nor upon the mechanism of accommodation. It does not constrict the vessels.

In regard to further local effects produced by Holocain there should be emphasized the action upon striated muscular fiber. A gastrocnemius of a frog, placed in a 1 per cent Holocain solution, undergoes gradual contraction, whereby it becomes thickened and shortened; simultaneously its excitability to mechanical and electrical stimuli decreases more and more. The muscle loses its shining, translucent appearance until it finally exhibits cadaveric rigidity and complete insensibility. the heart is placed in a I per cent Holocain soultion it becomes after a time rigid and excitable.

For low forms of animal life, Holocain is seen to be a protoplasmic poison. If a drop of water containing numerous paramecia is combined with an

equal drop of 2 per cent Holocain solution, which also contains 1.2 per cent sodium chloride—so that we have really a solution of Holocain in physiological salt solution—the movements of the infusoria soon begin to diminish in rapidity; after an interval we see only rotary movements by single individuals, there no longer being any advance in a straight line. Simultaneously we see the normal ovoid shape become spherical; the protoplasm becomes cloudy and the paramecium is immovable—dead.

Holocain has an energetically inhibitory effect upon the growth of bacteria, while I per cent solution distinctly retards putrefaction and fermentation. A ½ per cent solution prevents any development of spore-formation. Growing schizomycetes are destroyed by a I per cent solution. Holocain is, therefore, seen to be a strong antiseptic. When an ordinary medicine bottle is filled with hot Holocain solution, we often see form, after the expiration of a few seconds, a more or less marked cloudiness or precipitate. If this is studied microscopically we see nothing but amorphous masses—no bacteria or The cause of this turbidity is as follows: Ordinary glass bottles give off small quantities of alkali in the presence of boiling water, and this sets free a corresponding amount of base, which precipitates in an amorphous form. If we would avoid this cloudiness we should either employ porcelain containers or boil all glass vessels thoroughly in distilled water. Otherwise. the cloudiness is unimportant; through the precipitation of base by dissolved alkali the solution is kept neutral, while the loss of effective substance through precipitation of base is minimal. Filtration renders the solution once more applicable. There is no loss of efficacy from boiling. Moreover, boiling is not necessary for the purpose of sterilization, because a Holocain solution is in itself bactericidal.

Holocain possesses an intense resorp-Through this property it tive action. shows itself to be an intense convulsive poison resembling strychnia. If 0.002 to 0.003 gms. of Holocain are subcutaneously injected into the frog the reflex excitability is increased, without production of convulsions. cold-blooded animals. Holocain, in addition to its exciting action upon the nerve centers, inhibits a curara-like action upon the motor-nerve endings. The increase in reflex excitability becomes especially distinct if we ligate the afferent vessels of one limb, which is not reached by the poison, while the effect on the opposite limb is masked by the paralysis of the motor periphery. Strychnin is known to exert a similar curara-like action when given in large In warm-blooded animals the peripheric action of the Holocain is not seen, so that its convulsive action is alone exerted. The toxic dose for a mouse is 0.001 gm., for a medium sized rabbit (weighing 1,500 to 2,000 gms.) from 0.01 to 0.015 gm. about six to eight minutes after subcutaneous injection the convulsions begin in rabbits with trismus and movements of the ears; there soon follow clonic-tonic convulsions of the nuchal muscles, and finally the entire musculature is involved. Attacks of opisthotonos are repeated, apparently spontaneously, while reflex convulsions may be readily induced. The animals are not rarely thrown into the air by the convulsions. In the intervals between the latter they remain weak and powerless, breathing laboriously, lying on Death follows either from one side. asphyxia due to interference with respiration, in the midst of a convulsive attack (under these circumstances artificial respiration may sometimes save the animal's life) or the animal succumbs to a high degree of exhaustion through paralysis of the vasmotor and respiratory centers. The convulsions originate in the brain, not in the cord. Mice, in which the dorsal cord has been divided with the thermocautery, exhibited convulsions of the anterior portion of the body alone.

Comparative tests of Holocain with cocain and eucain give the following minimal anesthetizing doses for the rabbit: Holocain, 0.2 per cent; cocain 0.2 per cent; and eucain 0.5 per cent; while the lowest toxic doses of the same drugs (for rabbits weighing 1,500 gms.) are, of Holocain 0.01 gm., cocain 0.05 gm., and eucain 0.075 gm.

Experiments carried out for four months in regard to the applicability of Holocain in ophthalmology give the following results:

In regard to the dosage of the remedy, the application of a 0.5 to 0.8 per cent solution will suffice in most cases—at least after repeated instillation—for the production of complete anesthesia. Only in individual cases in especially refractory patients is a strength

of I per cent required; this invariably producing the desired result. On this account it is recommended that a I per cent solution be applied in routine practice, and one or two drops of this strength instilled into the eye will produce complete anesthesia in from 40 to 50 seconds at the least. If, after 40 seconds have elapsed, one or two more drops of the same solution are instilled, another interval of 30 seconds will find the cornea completely analgesic, so that all told 11/2 minutes should suffice in any case to produce complete corneal anesthesia.

The remedy causes in most cases a moderate degree of burning, which appears immediately after instillation and which ceases after an interval of 30 or 40 seconds; and after the cessation of this sensation and reopening of the lids the analgesia and anesthesia begin. Simultaneously with the burning a slight redness develops, especially noticeable in the bulbar-conjunctiva, which vanishes again after the expiration of one or two minutes, otherwise the condition of the eye, both during and after anesthesia remains normal. With 0.5 per cent solution the anesthesia persists from five to eight minutes, while in I per cent strength loss of sensation lasts at least ten minutes. disappearance of the anesthesia is gradual, and it often happens that the cornea is partly analgesic five minutes after its sensibility has returned. other phenomena are caused by the application of Holocain.

By reason of the pharmacologically demonstrated toxicity of the substance, it was applied at the outset only when the capsule of the bulb was intact. The experiment was then made of injecting a I per cent solution colored by methylene blue, into the anterior chamber of a rabbit's eye, using an ordinary hypodermic syringe. As this experiment gave rise to no phenomena of irritation worth mentioning and no inflammatory reaction, a 1 per cent solution was thereupon used in operations upon the eye involving the opening of the Hereupon it became apparent that when Holocain was instilled into the anterior chamber it acted as promptly upon the iris—and probably the ciliary body—as upon the cornea; at least no pain was experienced by a patient during the operation of iridectomy in a case of florid iritis. larly no harm resulted in cases of perforating injuries of the bulb. cain is, therefore, well applicable in operations upon the eye. Subconjunctival injections with Holocain were not attempted.

In comparing the action of Holocain with the well-known anesthetic properties of cocain, it appears that both drugs cause irregularities upon the surface of the cornea in rabbits, although this phenomena is not seen in mankind. Doubtless it might occur in the latter if winking was suppressed for a long time, i. e., if the irregularities are conceived as due-as in rabbits—as a result of evaporation of the eye and drying of its most superficial layers. Cocain anesthesia, as is wellknown, is conditioned by two factors, viz., direct action upon the nerve endings, and anemia from vascular con-Holocain works only upon striction.

the nerve endings, not at all on the ves-Through this fact and also through the rapid supervention of anesthesia, the danger of injury to the cornea is a very remote one in the case of Holocain, while cocain has often caused permanent corneal opacities. The appearance of a dearth of lympth in the cornea in insufficient nourishment of the latter is excluded in the case of Holocain, as are also dilation of the pupil, narrowing of the range of accommodation, and diminution of intra-ocular tension, all of which phenomena are dependent upon the fact that cocain acts upon the vessels, while Holocain does not. It, therefore, appears that Holocain possesses the following advantages over cocain:

I. In its antiseptic quality, which renders sterilization of the solution unnecessary.

II. In its rapid action with the thereby diminishing danger of injury to the cornea, and the ready utility of its application before the employment of painful medicaments.

III. Its freedom from any deleterious after-effects.

Holocain is, therefore, to be highly recommended in ophthalmological practice, and according to experiments thus far conducted, the best method for using the drug is to instill one or two drops of a I per cent solution just before operation, to be followed half a minute later with a repetition of the same number of drops; then after I or I ½ minutes the eye is ready for operation.

The peculiar phenomena in connection with the application of Holo-

cain should now be mentioned briefly, viz., the formation of a glassy, irregular thick film over the cornea, without participation of the conjunctiva, which I saw two months ago in two anemic patients with conjunctivitis

sicca. This coating could readily be detached with the forceps, and the subjacent cornea was found intact. Since then I have never witnessed this phenomenon despite the fact that I frequently employ Holocain.

Laryngology and Rhinology.

NASOPHARYNGEAL NEGLECT.

Nothing new or startling in the pathology of naso-pharyngeal disorders has been presented to the medical profession within recent years. not be amiss, however, at this time to stimulate a renewal of investigative work particularly in reference to the remote and often disastrous results of either failure to recognize and intelligently treat these conditions in their incipiency in early life. It is to be regretted that such prominent symptoms should seemingly be neglected by many practitioners, but it is apparent that "things seen oftenest impress us the least." Interest in diseases of nose and throat after all centers upon treatment and to administer this to the best advantage it is quite necessary to have a full knowledge of the diseases, and how they are contracted.

Aetiology. Chronic catarrhal laryngitis, according to text books, is simply "a chronic inflammation of the mucous membrane lining the laryngeal wall," but after all, it means much more in the broad sense of medicine, and much more than that if we expect to successfully combat the disorder. It means a long series of pathological

changes from infancy to old age. Neglect of the new born may not only result in impaired health, but follow him still further and influence his position and vocation in life.

Every physician has noticed a child with snuffles to a greater extent than is accounted for by a normal amount of In such cases the naso-pharmucus. ynx will invariably be found obstructed by lymphoid growths. The breath is taken with great difficulty, the child thrives indifferently and reaches the age of two or three years a "mouth breather." He is a frequent subject of croup and, in spite of many emetics, the acute inflammation spontaneously subsides and the child recovers. repeats these performances many times during his early youth and reaches the age of eight or ten with a characteristic expression so familiar to all specialists, and one that is easily recognized by the general practitioner.

The disturbing influence upon the plastic physiognomy of the young child suffering from adenosis in the vault of the pharynx or obstruction in the nasal respiratory organs most apparent, and the most hopeless deafness, due to occlusion of the eustachian

tubes, should stimulate the general practitioner to greater care, at the time when his influence is greatest and before the patient becomes impaired for life. We not only find him looking stupid, but he actually becomes so in the course of time. These cases can be recognized by the merest tyro, the languid expression of the face, the relaxed condition of the muscles allowing the mouth to be half open, the dribbling of saliva, the thick guttural voice, the unnaturally modest appetite, the unhealthy color of the skin, the invariable habit of snoring, the lack of physical development and general malnutrition are very striking, and when such a picture is seen, some member of our profession has been guilty of neglect. The patient finally reaches adult life with "at least" a chronic catarrhal laryngitis, simply as a symptom or accompanying condition to one of hypotrophy wherever it is possible for it to occur in the respiratory tract. He now goes on in the natural course of events to a condition of hypotrophic rhinitis with the accompanying hyperplasia in the form of polypoid degeneration of the turbinate bones, increased nasopharyngeal obstruction and thickening of the laryngeal mucous membrane from the changed respiratory functions. A few of the conditions necessary for the frequent manifestation of the inflammation of the larynx have been mentioned, but these are by no means all the conditions, as without these abnormalities, one not infrequently finds the influence of the lymphatic elements, the general torpidity of the glandular structure.

When such a case presents itself to a specialist, the first question asked is, can it be cured? That depends upon the cause. What is the cause? Now having arrived at the starting point. it is the physician's duty to find the seat of disturbances, however remote. If surgical, remove the obstruction; if medical, treat the disease constitutionally. Local applications, except in expert hands, are more harmful than beneficial. Many of our most prominent laryngologists frequently omit applications, as when the cause is combated, the key to successful treatment of catarrhal affections has been found.

The list of evils resulting from neglect of the respiratory organs has by no means been exhausted, but enough has been mentioned to call your attention to the importance of the subject and convince the general practitioner not only of his responsibility to the patient itself, but to future generations, to make the diagnosis early, and remove the cause, "as prevention is better than cure."

Gynecology and Obstetrics.

SUDDEN SUSPENSION OF MILK DUE TO FRIGHT.

Dr. Thomas Smith, in the Journal

of Obstetrics, reports the following: The mother of a nursing infant accidentally put her foot on a dog which was under a table, and was much startled by its movement.

The next day the woman's husband called to say that the milk had ceased to flow, and the child, five weeks old, could get no nourishment.

Upon examination, the breasts were found perfectly flabby and without any secretion, nor had any appeared from the moment the woman's foot had touched the dog. Warm applications to the breast were advised, persistence in nursing the child, and the use of extract of malt. The milk returned to the breasts after 48 hours, and continues plentiful.

CYST OF THE VULVO-VAGINAL GLAND.

Dr. Thomas Smith, in the Journal of Obstetrics, reports the following case:

Mrs. M. consulted the doctor for a swelling in the region of the left labium majus. Dyspareunia was present to a prohibiting degree. The lady had been married three months, but there had been a total inability to accomplish marital relations. On examination. the remains of the hymen were found to exist as a hard ring almost cartilaginous in density, which caused the patient to flinch upon the slightest touch. A swelling extending upward from the left labium was present and trenched considerably upon the caliber of the vaginal orifice.

The patient submitted to operation. The indurated condition of the hymen having been removed by the introduction of a speculum which thoroughly dilated the ring, the mucous membrane

covering the vulvo-vaginal gland was incised and a large cyst of pearly hue was seen to exist. This was divided, and fully two ounces of fluid resembling the white of an egg in color and consistence were discharged.

The cyst extended high up in the left of the vagina, being larger than an ordinary egg. The cyst cavity was flushed with bi-chloride solution and painted with Churchill's tinct. of iodine It was then packed with iodoform gauze. The patient made an uneventful recovery.

CAESARIAN SECTION WITH REMOVAL OF THE UTERUS.

Guglielend de Paoli has reported a case in which the results were absolutely satisfactory for both mother and child in spite of the operation having been performed in the patient's home, among the poorest surroundings.

The points sought to carry out in the technique were the following:

- 1. Incision should avoid the linea alba muscles between the umbilicus and the pubis.
- 2. The uterus should be incised in situ without bringing it outside the abdominal cavity.
- 3. Rupture of the sac is not necessary, Bossi considering the amniotic fluid to be inocuous.
- 4. Hemostasis may be secured by means of a large caliber Nelaton catheter.
- 5. If the uterus is mobile and the appendages free it may be easily lifted out and the operation is less difficult to perform than in a case of fibroyoma.

- 6. It is of the utmost utility to make two serous flaps and to unite them marginally.
- 7. The burial of the pedicle and total ablation should take the place of

Porro's operation, which should be reserved for cases of greatest urgency.

The operation described was performed in forty minutes, and the patient was well on the fifteenth day.

SOCIETY REPORTS.

The Physicians' Business League of Teller County.

The Physicians' Business League of Teller County held their first regular meeting Tuesday, January 7, 1902, in the office of Dr. Polly, in Cripple Creek. About twenty members were present from all parts of the district. The evening was devoted principally to the discussion of the Fee Bill. Several changes were suggested by different members. These, after some discussion, were voted upon and passed, subject to the approval of the Cripple Creek District Medical Society. On

motion, President Davison appointed a committee to act in conjunction with the Retail Business Men's Association, and confer with the representatives of the Colorado Telephone company in regard to obtaining cheaper telephone rates in the district. The committee were instructed to report at the next meeting of the Society. After some further consideration of matters of general professional interest, the Society adjourned, to meet again January 21.

The Cripple Creek District Medical Society.

The Cripple Creek District Medical Society met in regular session Tuesday, January 14, 1902, in the office of Dr. J. H. Hereford, in Cripple Creek. The meeting was called to order at 9 p. m., President McKenzie in the chair, and the following members present: Cunningham, Davis, Dunwoody, Frankle, Heller, Hereford, Gaston, Liggett, Magruder, Manly, McKown, Meiere, Roberts, Pennock and Sipe, of Cripple Creek; Cohen, of Victor, and Gibbs, of Cameron.

The minutes of the last regular, and two intervening special meetings, were read and approved.

Under proposals for membership Dr. Gibbs proposed the name of Dr. G. W. Deemer, of Victor. The Censors reported favorably and Dr. Deemer was duly elected to membership in the Society.

The next business taken up was the election (semi-annual) of officers. Dr. McKenzie was requested to vacate the chair and Dr. Magruder was chosen

temporary chairman. Dr. Meiere then made a short address, in which he spoke of the improved condition of the society and the increased interest taken in it by the profession of the district during the past few months, which he attributed largely to the attention given by the officers. He therefore nominated Dr. George McKenzie, of Victor, for re-election as president of the society. There being no other nominees, the election was made unanimous.

For vice presidents Drs. Liggett, Magruder and Cohen were unanimously elected.

For secretary Dr. Gibbs was re-elected unanimously.

For treasurer Dr. Sipe was elected unanimously.

For censors Drs. Gaston, Frankle, Dunwoody, Cunningham and Welles were elected, also unanimously.

After the election President Mc-Kenzie appointed Drs. Cohen, Heller, Meiere, Pennock and Welles as the board of directors for the ensuing term.

The paper for the evening, entitled "Small Pox and Pregnancy,"* by Dr. Magruder, was then read, and an interesting discussion ensued.

DISCUSSION.

DR. MEIERE. There appears to be a good deal of difference of opinion among authors as to whether the disease (smallpox) is transmitted to the foetus in utero. Some cases have been reported in which the child, at birth, showed distinct marks of the disease. But the majority of the reports

are negative. Regarding the recent epidemic, would say that all cases that came under my personal observation were varioloid, and not true variola.

DR. Heller considered the paper very complete, and said that it recalled a case which he had seen some years ago. The patient, a colored woman, 5½ months pregnant, had confluent variola. Later he had delivered the patient, at full term, of a healthy child showing no marks of the disease. Had vaccinated the child when six months old, but unsuccessfully.

DR. LIGGETT had taken the opposite view, at the beginning of last year's epidemic, but later had several well defined cases of smallpox. Regarding the transmission of contagious diseases to the foetus he would state that he had seen a child born with a typical case of measles.

Dr. Pennock thought it possible that an "Antitoxic quality" might be developed in the mother's blood, which would prevent the foetus from contracting the disease.

Dr. Dunwoody considered the paper very interesting. Would have liked to have seen the results of vaccination on the child.

DR. GASTON had found the paper and discussion particularly interesting. He had often been puzzled as to whether contagious diseases are transmitted to the child in utero. Would ask Dr. Magruder whether in his opinion, in the case reported, the child had had smallpox?

Dr. Magruder. Yes.

^{*}Published on page 59.

DR. COHEN inclined to believe that there might be some quality, (antitoxic serum) developed in the mother's blood, that would modify the disease in the foetus.

Dr. Frankle could not see any reason for making a distinction between varioloid and variola.

DR. McKown considered that varioloid and variola are equally inimical to public health. Therefore it is equally as important to stamp out the one as the other.

DR. GIBBS had seen the case reported (with Dr. Magruder) and considered it very interesting. Had also seen a case of small pox last spring in a woman about seven months pregnant. In that instance there had not been any symptoms of miscarriage, and later she had given birth to a healthy, unmarked child. Had not had an opportunity of vaccinating the child.

DR. McKenzie: Would think that there might be something in the theory of an antitoxic quality of the mother's blood.

DR. MAGRUDER in closing, would ask whether the gentlemen considered that there was any connection in the case reported, between the disease and the prolapsus following parturition? The general opinion was negative.

The discussion then became general. Following the discussion of the paper the Fee Bill was taken up for further consideration. Several changes were suggested; also a committee was appointed to wait upon the physicians doing family practice by contract, to ask them to accord to the Fee Bill. It was also decided to hold a special meet-

ing, for final action on the fee bill, January 21.

Tuesday, January 21, the Cripple Creek District Medical Society and the Physicians' Business League met in the offce of Dr. Harriette Collins in Victor, the former society being in special, and the latter in regular session. The particular object of the meeting was to take final action on the Fee Bill, which had been under consideration by both societies for the past two or three months.

The Business League was called to order first, and discussed a number of items in the bill. President Davison of the Physicians' Business League then declared a recess in order to give the Cripple Creek District Medical Society an opportunity to "call to order." After the usual formalities were gone through with, the societies went into joint session, with Dr. McKenzie presiding and Dr. Gibbs acting as secretary of the meeting.

The special committee from the Cripple Creek District Medical Society reported that they had called on the physicians doing family practice by contract, and that the gentlemen in question had agreed to conform to the Fee Bill in the matter of obstetric practice (which was the only item in which their charges were at variance with the Fee Bill). The report of the committee was accepted and the committee discharged.

Several changes were made in the Fee Bill. Among others, it was decided to drop the word "maximum," which had been placed over many of

the items, so that the bill, as it stands, is a minimum fee bill; but with what may be called "a sliding scale," which gives considerable latitude to the individual physician in making his charges.

The secretary than read the Fee Bill, as amended and corrected.

Moved and seconded, that the Fee

Bill be adopted as a whole, as read. Motion carried.

Moved and seconded, that the committee on Fee Bill be continued as committee on editing and printing. Motion carried.

. The meeting then adjourned in due form.

Denver Clinical and Pathological Society.

A regular meeting of the Denver Clinical and Pathological society was held December 13, 1901, its members being the guests of Drs. Perkins, Packard, Pershing, Powers and Childs; the president, Dr. Black, presiding. The records of last meeting were read and approved.

No committee reports were made.

Dr. Phillip Hillkowitz was proposed for membership by Dr. Tyler; Dr. W. W. Grant by Dr. Jackson; and Dr. E. J. A. Rogers by Dr. L. Freeman.

Dr. Powers exhibited a patient who had suffered from a compound comminuted fracture of bones of right leg followed by necrosis of bone and sloughing of muscles. Union in six months with marked equinovarus of five inches due to loss of muscles. The deformity was corrected by a resection of head and all the neck of the astragalus, the operation being followed by very obstinate bleeding.

Dr. Tyler exhibited the forearm of a Chinese leper who died of nephritis. Discussed by Drs. L. Freeman, Hershey, Bergtold and Lobingier.

Dr. Bergtold exhibited specimens of albumen in urine.

Dr. Lyman exhibited a vesical calculus weighing 1,780 gr. removed from a male of 45 years. The stone was supposed to have been in situ for 35 years.

Dr. Waxham exhibited: I. A number of shells from the nasal pharynx, the exfoliation taking place once a week from a small ulcer. 2. Cast from a case of laryngeal diphtheria expelled while intubating. 3. A report of a case intubated when no membrane was to be seen. Discussed by Dr. Bergtold.

Dr. Jackson reported a case of nuclear paralysis of the eye muscles and disturbances of motion and sensation on the opposite side of the body, probably from lesion of the pons. Discussed by Drs. Pershing, Stevens, Hopkins and Bergtold.

Dr. Hall reported a case having symptoms of Hodgkins disease. Microscopical examination of specimens of the gland showed, however, the presence of a sarcoma involving the right bronchus, the autopsy confirming the diagnosis. Discussed by Drs. L. Freeman, Bergtold, Jackson and Tyler.

Dr. Sprigg, a guest, reported a case

of cyst of ovary simulating a pregnancy of four months. Laparotomy with recovery.

Dr. R. Freeman reported three cases of scarlet fever in children, complicated in each case by chicken pox.

Dr. L. Freeman reported a case of esophageal stricture caused by swallowing lye, gastrotomy was done, the stomach pulled from opening, the parts protected by a piece of rubber passed over the stomach and the strictures operated on by passage of bougie through the same.

Dr. Stover further reported on his case of obstinate vomiting accompanying surpressed menstruation, reported at the last meeting. Cocain and menthol in simple elixir relieving vomiting.

Dr. Lyman reported a case of dislocation of the sternal end of the clavicle followed by paralysis of muscles supplied by the bronchial pexus due to pressure by the abnormal union of the clavicle with the first rib. Resection was done and the clavicle wired in place.

Dr. Delehanty reported a case of fracture of clavicle followed by paralysis in left side. Operation with negative result.

Dr. Hart of Colorado Springs, made a few remarks, and then the society adjourned. Members present, 24. Visitors, 2. F. W. Kenney, M. D.,

Secretary.

A regular meeting of the Denver Clinical and Pathological Society was held January 10, 1902, the president. Dr. Black, presiding. The society was entertained by Drs. Wetherill, Bergtold, Kleiner and Van Zant. The records of the last meeting were read and approved.

Dr Hill exhibited photographs of:
1. Eggs of taenia solium. 2. Specimen of gleet of 19 years' duration. 3.
Oxaluria crystals. 4. Morphine treated with iodine.

Dr. Wetherill exhibited the following specimens: 1. Right tube, ovary and sack. 2. Ruptured amniotic sack with foetus of minimum size. 3. Left tube and ovary. 4. Right tube and sack with foetus, also photographs showing results of extopic gestation.

Dr. I. B. Perkins exhibited specimens of sclerosed arteries from a case of senile gangrene, aged 61, the leg being amputated at the junction of the middle and lower thirds of the femur. Discussed by Drs. Powers and L. Freeman.

Dr. Lobingier exhibited an instrument for intravenous injection, and one for hypodermoclysis.

Dr. Mann exhibited a calculus found impacted in the ureter three inches from the kidney.

Dr. Tyler reported a case of empyema. Aspiration had revealed the presence of pus. At the operation, however, no pus was found. The physical signs of empyema remaining, a second resection was done three weeks later when a large quantity of pus was evacuated from the pleural cavity. The presence of pus at the second operation was supposed to be due to the rupture of an abscess which communicated with the pleural sac after breaking down the adhesion at first operation. Discussed by Drs. Craig, Lyman, Berg-

told, Powers, Edson, Wetherill and Mann.

Dr. Craig reported a case of supposed walking typhoid with obstruction of the bowels. Operation revealed a constriction of the bowel, the temperature becoming normal after operation. Discussed by Dr. L. Freeman.

Dr. Edson reported a case of hemorrhagic typhoid, perforation taking place without any of the usual symptoms, except a slight amount of pain for a few minutes. Dr. Jayne further reported on Dr. Edson's case, the patient being operated on by him five hours after the pain was felt and a pin-point perforation of the ilium discovered twelve inches from the ilio-cecal valve. Recovery. Discussed by Drs. Whitney and Powers.

Dr. Beggs reported a case of female who had suffered for 17 years from pelvic trouble, simulating at times pyosalpinx. Operation revealed pin in the appendix. Death. Discussed by Dr. Wetherill.

Dr. Lyman further reported on three cases of fracture of the neck of the humerus below the tuberosity, with dislocation of the head, reported one year ago, that they had useful arms and were doing manual labor. He also reported a recent case of the same. Discussed by Dr. Powers.

Dr. Gallagher reported a case of angina involving tongue and neck and larynx with phlegmon of roof of mouth which was operated. Discussed by Dr. Edson.

Dr. L. Freeman reported a case of gall stone colic, the pain being on the

left side. Operation revealed the presence of a stone in the gall bladder. Recovery. Discussed by Drs. Warren, Whitney and Edson.

The president, Dr. Black, made the suggestion that members reporting cases refrain from answering questions until the close of the discussion of the case.

Dr. Hershey moved that reports of cases be limited to ten minutes, and discussion thereon to five minutes each, which was adopted. The society then adjourned. Members present, 30. Visitors, 4.

The Woman's College of Medicine of the Northwestern University of Chicago has been sold by the trustee of that institution. The reason given by Trustee John Raymond is as follows: "It is impossible to make a doctor of a Women cannot grasp the chemical and pharmaceutical laboratory work, the intricacies of surgery or the minute work of dissection. women's medical department we do not get as high a class of scholarship as is set by the other colleges in the Northwestern University." This, of course. has created a great deal of talk among the women members of colleges.

It is stated that at a recent meeting of the Paris Academy of Medicine a report was read on bacilline, a liquid obtained from certain plants native to Chile and Colombia. It is claimed that it gives remarkable results in the cure of tuberculosis.

7

4

4

ો . ૧

N

1

Ę

Л

-p

PI

BOOK REVIEWS.

THE PRACTICAL MEDICINE SERIES OF YEAR BOOKS, Comprising ten volumes of the year's progress in medicine and surgery. Issued monthly. Under the general editorial charge of Gustavus P. Head, M. D., Professor of Laryngology and Rhinology, Chicago Post-Graduate Medical School. Volume I, General Medicine, edited by Frank Billings, M. S., M. D., Head of Medical Department and Dean of the Faculty of Rush Medical College, Chicago, with the collaboration of S. C. Stanton, M. D., October, 1901. Price, \$1.50. Price of the series, \$7.50. The Year Book Publishers, 40 Dearborn St., Chicago.

The publication of a year book by sections, which is proposed in this series, is somewhat of an innovation; one which will be distinctly satisfactory to a great many physicians. The function of a year book is supposedly to serve as a work of reference for the advances during the previous year. This series proposes a little more. It is expected that each volume will have a greater tendency to be read than is the case with a single large volume year book, as well as consulted for special topics.

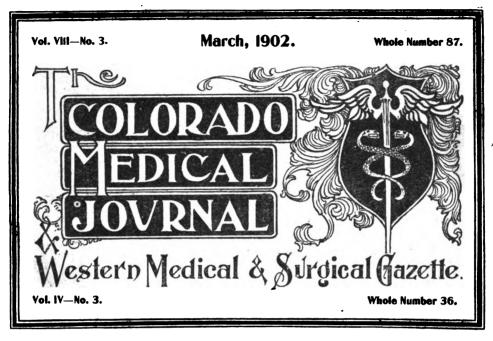
The subject of general medicine is to occupy two volumes appearing about six months apart. This present volume takes up the subjects of the diseases of the respiratory organs, diseases of the circulatory organs, general infectious diseases, constitutional diseases and miscellaneous subjects. The work which it has set before it to do is done well and it will doubtless be sought very frequently because of the field it covers and the satisfactory presentation of the various subjects under discussion.

A number of half-tone full page illustrations as well as cuts in the body of the text adds to its usefulness.

LANDIS: A COMPEND OF OBSTETRICS. Especially adapted to the use of medical students and physicians. Henry G. Landis, A. M., M. D., late Professor of Obstetrics and Diseases of Women in Starling Medical College. Revised and edited by William H. Wells, M. D., Adjunct Professor of Obstetrics and Diseases of Infancy in the Philadelphia Polyclinic; Instructor of Obstetrics in the Jefferson Medical College, Philadelphia, Seventh edition. Illustrated. Published by P. Blakiston's Son & Co., 1012 Walnut St., Philadelphia, 1901. Price, cloth binding, 80 cents; interleaved for the addition notes, \$1.00 net.

The number of editions through which this little work has come is an indication that it fills a decided want. It gives, in the form of questions and answers, the most essential portions of the subject of obstetrics. The questions will serve as a scaffold about which to build a knowledge of this branch, both comprehensive and practical. The replies are, of course, short, terse, but are all clear and sufficiently ample for the purpose for which the book is intended. Table of Contents on Advertising Page 3.

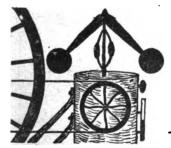
Do you read the Advertising Pages? If not you are missing something good.



THE COLORADO MEDICAL JOURNAL 133 West Colfax Ave., Denver, Colorado.

WM. N. BEGGS, A. B., M. D., ALLISON DRAKE, Ph. D , M. D., Editor and Publisher Associate Editor

Entered at the Postoffice at Denver, Colorado, as second class matter.



A "GOVERNOR"

ACTS UPON A

STEAM ENGINE JUST AS
ARSENAURO ACTS

UPON HUMAN MACHINERY, RESTORES AND MAINTAINS THE EQUILIBRIUM.

ARSENAURO IS OF GREAT VALUE IN FUNCTIONAL NEUROSES, DISTURBED METABOLISM AND FAULTY NUTRITION.

IT ARRESTS THE PROCESS OF DEGENERATION AS COVERED BY

THE BROAD TERM SCLEROSIS.

AN ALTERATIVE WHICH "BUILDS UP" WHILE IT "ELIMINATES."

PUSH TO THE POINT OF SATURATION IN EACH INDIVIDUAL PATIENT AND ADMINISTER FOR A PROTRACTED PERIOD.



CHAS. ROOME PARMELE CO

Digitized by Google

Typhoid La Grippe Tubercuiosis

and all diseases arising from impoverished blood and a depleted physical condition demand the most efficient

NUTRITION

The patient MUST have a new and continuous supply of all the vital elements in which the blood is deficient.

Introduce in all such cases LIVE BLOOD. All the leading and most successful practitioners to-day are using

BOVININE

It is LIVE, defibrinated arterial blood.

It is preserved by cold process and sterilized.

It retains all the vital and nutritive elements.

It contains 20 per cent of coagulable albumen.

It is a fluid food, pure and simple.

It aids digestion, and is promptly assimilated.

It is to a large extent directly absorbed.

It sustains and stimulates the heart.

It renders cardiac stimulants unnecessary.

It is a powerful aid to all forms of medication.

THE BOVININE CO., 75 West Houston St., New York.

LEEMING, MILES & CO., Sole Agents for the Dominion of Canada.

THE COLORADO MEDICAL JOURNAL

...AND...

WESTERN MEDICAL AND SURGICAL GAZETTE

A Scientific Medical Journal, Published in the Interest of the Profession of Colorado and Adjoining
States—A Journal of Science, of News and of Medical Lore.

Vol. VIII.

DENVER, COLORADO, MARCH, 1902.

No. 3

ORIGINAL COMMUNICATIONS.

A Sketch of the Workers in Physiology in Colorado.*

By C. B. VAN ZANT, M. D., DENVER, COLO.

While rightly styled the "romance" of medicine, physiology has been accorded, from the very beginning of medical education in Colorado, a place in our schools commensurate with its great and fundamental importance. Some of Colorado's best educators, for periods longer or shorter, have devoted their time and thought to this interesting field of work. It is true they were at first handicapped by meager facilities, poor laboratories and defective means of illustration; but as the years have gone on, the work has taken a broader scope and been pressed home by better methods and more practical equipment. More time is being given to vivisections and to laboratory work. Money is being freely spent on these workshops of physiological science; and while much remains to be accomplished, as judged by the standard of large eastern institutions, still much progress is to be recorded in all of our medical schools in this department of study.

Taking up the medical schools of Colorado, one by one, we find that the Denver University Medical Department (now the Denver College of Medicine), from its inception in 1881 on through the session of 1883-1884, had as its first professor of physiology, Dr. I. H. Kimball. now of Greenwood. Mass. From that time to the session of 1889-1890, inclusive, the chair was acceptably filled by Prof. E. J. A. ·Rogers of this city. Since that date, it has been occupied by its present able incumbent, Prof. Henry Sewall, who came to Denver with more than national reputation in this, his chosen field, a reputation which has been amply sustained during a residence of

^{*}Contributed to the Report of the Committee on History of Medicine, presented to the Colorado State Medical Society, June 18-20, 1901.

many years in our midst. The most notable production of Prof. Sewall's pen, since his coming to Colorado, is his elaborate contribution on the special senses in the American Text-Book of Physiology. In this article he has brought laurels to his own brow as well as honor to his adopted state.

Dr. J. H. Kimball was born in 1844; received a high school education and graduated in medicine at the Harvard Medical School in 1867: was vice president of the Florida State Medical Association in 1879; came to Denver in 1880; was made secretary of the faculty and professor of neurology about 1882 in the University of Denver. Between 1884 and 1887, held the following positions at the State University: Prophysiology, of materia fessor of medica and therapeutics, and of principles and practice of medicine. was also president of the Denver Medical Association and surgeon of the First Colorado regiment in the early eighties. For the past five years he has resided and practiced in Greenwood, Mass.

Edmund J. A. Rogers, M. D., succeeded Dr. Kimball in the chair of physiology in the Denver Medical College in 1884.

Dr. Rogers was born in Grafton, Ontario. Canada, in 1852. He was educated as a surveyor and civil engineer, and as such, was in Colorado in 1874. 1875 and 1876. During that time he assisted in laying out additions which are now part of the city of Denver. He also at that time became interested in wool growing in Colorado and New Mexico.

In 1877 he passed the Ontario medical matriculation and entered McGill University as a medical student. During the greater part of his four year's residence in Montreal he acted as the assistant of Dr. Osler, who was then professor of the Institute of Medicine (physiology and pathology) in that university. During the last two years he was also the assistant, both in hospital and private work, of the late Dr. Fenwick, the professor of surgery.

After graduating at McGill in 1881, Dr. Rogers went to Edinburgh, where he passed the examination of the Royal College of Physicians and of the Royal College of Surgeons, and registered as a practitioner there. He began practicing medicine in Denver in the winter of 1881 and 1882.

In 1883 he entered into partnership with Dr. Bancroft, and assisted in the organization of the medical department of the Denver & Rio Grande Railway. From 1885 to 1890 he was associated with Dr. Blickensderfer in practice.

During the first year of his residence in Denver Dr. Rogers was appointed on the staff of St. Luke's Hospital, and his association with this hospital has been constant since that time, he having been president of the staff since 1891.

For three years previous to the organization of the staff of the Arapahoe County Hospital, Dr. Rogers gave regular clinical instruction there to all medical students, these being the only regular hospital clinics in Denver at that time. Before the organization of the staff in 1890 he was appointed surgeon and served annually in that department until the present year, having

been dropped for political reasons in 1900.

On the opening of St. Anthony's Hospital Dr. Rogers was appointed chairman of the staff by the hospital authorities, but only served for one year.

Upon the resignation of Dr. Davis from the chair of surgery in the Denver College of Medicine in 1891, Dr. Rogers was appointed his successor, and still holds that position.

In physiology Dr. Rogers' instruction was almost entirely didactic, and during the latter years of his tenure of the chair he was assisted in the lectures and recitations by Dr. Lyman.

Upon the arrival of Dr. Sewall in Denver the chair was gladly relinquished to him, as being the one qualified in that work.

Dr. Rogers was president of the Arapahoe County Medical Society in 1887, and of the Colorado State Medical Society in 1893. He was appointed by Governors Routt, Waite and Adams on the Colorado State Board of Health, from which he voluntarily resigned in 1899.

He is a member of the American Medical Association, British Medical Association, American Climatological Association, and of various local societies.

Prof. Henry Sewall was born May 25, 1855, in Winchester, Vt. Most of his boyhood was spent in Baltimore, Md.; graduated with B. S. from Wesleyan University, Middletown, Conn., in 1876; assistant in biology, Johns Hopkins University, 1876-1878; fellow in biology, Johns Hopkins, 1878-1879; took degree of Ph. D. at Johns

Hopkins in 1879; then pursued research work in the laboratories of Foster in Cambridge, of Ludwig in Leipzig, and of Kuhne in Heidelberg, during 1879 and 1880; associate in biology, John Hopkins, 1880-1881; made professor of physiology in the University of Michigan in 1888; graduated from University of Denver Medical Department in 1889; was appointed professor of physiology in the Medical Department of University of Denver in 1890, which chair he still fills; was secretary of the Colorado State Board of Health from 1893 to 1899. Sewall is at present a member of the American Physiological Society, Association of the American Physicians. Colorado State Medical Association and the Denver and Arapahoe County Society.

When the Medical Department of the State University was organized in 1883, the chair of physiology was entrusted to Prof. J. H. Kimball of Denver, who held the same position in the Denver University School. He was succeeded in 1885 by Prof. Luther M. Giffin of Boulder, who filled the position with much credit till 1897, when he relinquished it for other medical work. From that date the chair has been occupied by the present teacher, Prof. E. B. Queal of Boulder. Of these workers, the following brief sketches are appended.

Prof. L. M. Giffin was born in Heuvelton, N. Y., October 30, 1850; attended the district school and later the academic department of the Black River Academy of Ludlow, Vt.; took his first course of medical lectures at the

Medical Department of the University of Vermont; then two years at Rush, Chicago, where he graduated in 1875: practiced six years at Rossie, N. Y. He then moved to Boulder, Colo., where he has since practiced; was appointed to the chair of anatomy and physiology in the State Medical School in 1885; has held the chair of anatomy ever since, resigning that of physiology in 1897 to take up the work of physical diagnosis; has been treasurer of the Medical Department of the University of Colorado since 1885; was appointed dean of the faculty in 1897, and still holds that position; is superintendent, also, of the University Hospital, Boulder; has been health officer of Boulder and also president of the Boulder County Medical Society for several terms.

Dr. E. B. Queal was born in Clermont county, Ohio; graduated from the high school of Milford, Ohio. After teaching school for some three or four years, began the study of medicine in 1887, at the Ohio Medical College, Cincinnati; graduated in 1890; removed to Colorado, locating at Boulder, and became demonstrator of anatomy, holding this work for some six years; was made professor of physiology in the Medical Department of the University of Colorado in 1897, which position he still holds; is at present a member of the staff of the University Hospital; also secretary of the Board of Pension Examiners.

When the Gross Medical College was organized in 1888, the chair of physiology was assigned to Dr. Robert Levy, who filled it continuously and with

much satisfaction to the faculty and students alike till 1894, when he relinquished the first year work to Dr. D. H. Ludlow for the session of 1894-1895, retaining the advanced work till 1897. From 1897 to 1899 Dr. George E. Tyler lectured on advanced physiology. From 1895 the elementary work, and from 1899 the entire subject has been in charge of the present incumbent, Dr. C. B. Van Zant.

Prof. Robert Levy was born in Hamilton, Ontario, May 30, 1864; received his early education in the public schools of Milwaukee and other cities of Wisconsin, concluding his preparatory work in the Denver University; entered Princeton in 1880, remaining, however, but a short time; studied medicine at the Bellevue Medical College, graduating in 1884; returned to Denver, pursuing general practice for the first five Since that time has practiced the special work in the nose, throat and ear; has been professor of physiology at Gross Medical College and secretary of its faculty since 1891; has also held the following positions: President of the Colorado State Medical Society, Denver and Arapahoe Medical Society, Clinical and Pathological Society, vice president of the Western Section of American Laryngological and Rhinological Society; is at present a member of above societies and of American Medical Association, and holds the position of laryngologist at St. Luke's, St. Anthony's and Arapahoe County Hospitals, and at the National Jewish Hospital for Consumptives.

Dr. D. H. Ludlow took his B. A. at the University of Tennessee, his M. D.

at Gross Medical College, with postgraduate courses in Philadelphia and Baltimore. He confined his practice, while in Denver, to the eye, ear, nose and throat, but since going to his present field in Easton, Pa., in 1895, he has been in general practice.

Dr. George E. Tyler was born in Illinois, receiving his college training at the Kansas Normal College and Columbian University, receiving his B. S.: took his medical course at the Howard University and Long Island Medical College; has practiced in Denver since 1806; was instructor in medicine at the Gross Medical College in 1896, then lecturer on medicine and adjunct professor of medicine, which position he still holds: was lecturer on physiology from 1807 to 1809; is visiting physician at the County Hospital and at St. Anthony's; has been secretary of the Colorado State Board of Health since 1890.

†Dr. Charles B. Van Zant was born in Cincinnati, Ohio, March 4, 1861; received his education in the public schools of that city and in part at the University of Cincinnati: studied medicine and graduated at the Miami Medical College, Cincinnati, in 1884; was resident physician at the Cincinnati Hospital in 1883-1884; engaged in general practice in his native city till 1894, when he removed to Colorado: has taught physiology in the Gross Medical College since 1895; in 1900, assumed the entire work in this branch: is a member of the Denver and Arapahoe, Clinical and Pathological, and Colorado State Medical Societies: is at present on the medical staff of St. Anthony's Hospital, National Jewish Hospital for Consumptives and the Maternity and Children's Colorado Hospital.

†The sketch of Dr. Van Zant was prepared by the Committee on History of Medicine.

Some Pathological Conditions to Which the Miner is Peculiarly Liable.

By J. W. COLEMAN, M. D., JEROME, A. T.

The miner's work is peculiarly dangerous. Neither his surroundings nor his manner of doing his work are conducive to health. This paper, however, has nothing to do with the miner's many injuries caused by falling rock and accidental explosions, but more particularly with the pathological changes found in examining men who

for years have followed mining continually. We may for convenience divide these conditions into acute and chronic.

Powder smoke headache is the most frequent acute trouble. Where giant powder is used the patient presents all the symptoms of cerebral congestion. The eyes are watery and bloodshot,

The patient has pupils contracted. flashes of light before the eyes, intense headache, restless, twitching muscles, frequent nausea and vomiting, possibly due to stimulation of the vomiting center in the medula ablongata. The face is pale; the pulse rate and wave are both increased. The first few whiffs of powder smoke may make the face congested, but this soon passes away. Every beat of the heart causes a throbbing pain in the head and humming in the ears. Sometimes the patient staggers like a drunken man, and I have known a mine foreman to discharge one of his men whom he saw staggering and reeling on the way to the bunkhouse. Men get accustomed to powder smoke, just as patients get used to taking nitro-glycerine, and the dose must be increased in order to get the desired effect. So in powder smoke, if the miner is in the smoke more than usual he gets the headache, as when he first began mining. Handling giant powder will also cause a headache. It will act as a severe local irritant poison, especially about the eyes, giving rise to severe conjunctivitis and œdema. combination of acetanilide, citrated cafeine, soda bromide and gelsemium will quickly relieve this distressing headache. I prefer the powdered medicine to the tablets because of its quicker action.

Sudamina is another acute trouble of which I have seen a few cases. All were miners, working in a very hot mine; all were new men. The sweat glands seemed to secrete more sweat than the ducts could carry off. Small blisters formed with no inflammation

and but little itching. The skin was rough with a pebble-like feeling. The men changed work, no medicines were given, the blebs dried up and scaled off.

The chronic troubles are more serious.

Chronic laryngitis is possibly the most frequent. In my opinion it is largely caused by the peculiar manner of expelling air from the lungs. With nearly every stroke of the hammer the miner expels the air with a rasping noise, which irritates the vocal memall miners Nearly while drilling are mouth breathers. Sometimes the air is cold and dust-laden. It will which increases the trouble. last as long as the cause exists. Medicines are palliative but not curative.

Chronic bronchitis is another frequent trouble of the miner. His work tends to produce it. Where compressed air is used in drilling the air is extremely cold. His habit of mouthbreathing, sudden changes from a warm drift to a cold shaft, the sudden falling or rising of blood pressure caused by the rapid changes in atmospheric pressure, breathing dust and smoke-laden air all tend to produce a chronic catarrhal condition of the bronchi with morning cough and free expectoration of mucous streaked with pus. This condition is not so dangerous in itself, frequently clearing up nicely by simple rest and outdoor life, aided by a little medicine, yet the man who has an inflamed area in his bronchi is always in danger because that mucous membrane of lowered vitality is a suitable nidus for tubercle bacilli to lodge and grow. Perhaps this condition can be prevented by teaching the men how to breathe, remembering that God breathed into man's nostrils and not into his mouth.

Miner's consumption is but a step along the same line. I have nothing new to add to this, unless the statement that the lungs take on the color of the material in which the man is working. The lungs of the old coal miner are as black as a lump of coal. The lungs of the hard rock miner are usually gray, especially about the edge, frequently imparting to the touch a gritty, sandy feeling.

I wish to call attention to a peculiar condition of the eyes that I have noticed in old miners and also in blacksmiths; a trembling, twitching, restless, constantly moving condition of the eyeballs, a snappy movement of the eyelids. I have noticed this in hundreds of miners and several blacksmiths. It does not seem to interfere with vision, so far as I know. In the miner I think it is caused by the flickering candlelight. In the blacksmith it is possibly caused by the forge fire.

Most of the miners work on Sunday. Men have come to me for treatment who have worked over a thousand shifts without missing a day, sometimes doing overtime. These men are simply worn out. Some trifling ailment and the man either quickly dies or is dangerously ill. His vitality exhausted, his surplus energy used up, he has no recuperative power. The Almighty worked six days and rested on the seventh. When he made man he did not endow him with power and endurance greater than a God. The remedy is self-evident.

For some months I have been conducting a series of examinations and urinary tests in order to detect chronic mineral poisoning in miners and smelter men. At present I can only say that I have undoubted evidence of general systemic poisonings by antimony, arsenic, copper and lead. At some future time, when the accumulating evidence is more complete, I will make a report.

In my opinion, it is our duty as physicians, not only to endeavor to cure our patients, but to prevent their getting sick. Teach them, then, how to live and how to breathe, and much of the sickness is prevented.

Puerperal Sepsis.*

By J. A. DUNWOODY, M. D., CRIPPLE CREEK, COLO.

Mr. President and Fellow Members of the Cripple Creek District Medical Society—I make no apology for offering this subject for discussion, for it is one in which we all are vitally interested, and one which only too often brings us face to face with the grim monster, robbing a family of some

Medical Society, February 11, 1902.

^{*}Read before the Cripple Creek District

beautiful and loving mother, cutting short some young and happy life.

To understand fully the indications underlying the treatment of puerperal infection, it is necessary to appreciate the relations of the uterus and its appendages, together with their lymphatics and blood vessels to the general system, with which you all are perfectly The uterus is so intimately connected with the general organism through its blood vessels and lymphatics that any condition which interferes with their normal relations will produce a pathological condition of this important organ. In the post-partum or post-abortive uterus we should always be ever mindful of the denuded surface of the placental site and how easily this absorbing surface may become infected. Once infected, I know of no other surface that offers such a fine field for the culture and growth of germs.

The uterus being so richly endowed with lymphatics and blood vessels, the absorption after infection takes place is so very rapid, that frequently the patient is overwhelmed in so short a time, that despite the most vigorous efforts on our part to ward off the summons of the pale messenger our patient passes to the great beyond before our very eyes.

Nature endeavors in several ways to heal and protect the exposed surface after the puerperium.

- 1. The interior of the uterus is protected from invasion of microbes by the complete occlusion of the vagina, whose walls become closely adapted to each other.
 - 2. The normal secretion of the

vagina is acid, which is not conducive to the growth of pathological germs.

- 3. The lochia prevents any stagnation of micro-organisms in the parts.
- 4. Should septic germs appear in the uterine walls she causes an abundant diapedesis of leucocytes, which by their phagocytic action attack the microbes and render them inert.
- 5. When the general system is invaded by these micro-organisms or their toxins, nature in her own mysterious manner attempts to manufacture a serum in the blood that will destroy the effects of the germs or their toxins.

There are two forms of puerperal endometritis, putrid and septic.

PUTRID ENDOMETRITIS.

In those cases in which we have the pseudo-diphtheritic membrane in the vagina and on the vulva we will find the streptococcus as well as the staphylococcus.

Symptoms. In this form its origin is at the site of a piece of retained placenta or decomposed blood clot. The infection travels by continuity of surface, in the following order: Endometrium, metrium, sub-peritoneal tissues, and so on, or through the Fallopian tubes, producing gross lesions in the nature of infiltrations in the broad ligaments and surrounding tissues.

In nearly every instance the invasion of sepsis is caused by its introduction from the outside. Traumatism is the most frequent contributing cause, such as delivery by forceps, lacerations of cervix or perineum. The fever does not run as high as in the pure streptococcic infection. There is tenderness of

the pelvic organs, boggy feeling of a mass in the pelvis, muscular rigidity and arrest of involution, and fetid discharge from the vagina. In true streptococcic infection there is very little or no fetid odor. In the putrid infection of the uterus the placental site is more rough than it should be, the odor is intensely foul, the os uteri is always patulous.

Treatment. In those cases of pseudo-diphtheritic membrane that attack the vagina or vulva, there are no better applications to the false membrane than either the pure tr. iodine or pure carbolic acid, the latter being neutralized by alcohol and an antiseptic dressing applied afterward.

In the putrid form the uterus should be emptied by curettage, carefully done, removing only the part of the placenta that is attached or any loose mass. We should avoid curetting the entire surface of the uterus, for in that instance we would open up fresh avenues to infection. We should be very careful and not use force, as the uterine walls under these conditions is very oft, therefore very easily perforated, vith all its direful results.

After curettage, irrigation should be employed upon a systematic basis. We should use a glass tube for this purpose. Large quantities of water should be used. This matter of irrigation is so important that we should not entrust it to the ordinary nurse, but do it ourselves. It is not advisable to pack the uterus with gauze in these cases, for the uterus will contract upon it and force it down in a wad or bunch at the internal os, and it will act as a plug

rather than as a means of drainage. A very good idea to prevent this is to introduce up to the fundus of the uterus a large rubber tube (a rectal tube) is very suitable, with two holes near the uterine end, which will enable you to irrigate the uterus constantly if necessary, which sometimes is advisable to I use a strip of iodoform gauze along the tube which acts by capillary drainage, the tube preventing the wadding of the gauze, which would occur if the gauze was used alone. Frequently it is not necessary to use constant irrigation, every four to eight hours p. r. n. being sufficient. If the heart's conditon permit, I prefer to place the patient in the semi-recumbent posture. which can be very easily done by elevating the head of the bed so as to favor the drainage by gravity.

Some bold surgeons have advocated hysterectomy in puerperal sepsis, but I am of the opinion that it is not altogether the proper line of procedure, when we take into consideration the method by which this infection has invaded the general system and that at a time when this radical measure is demanded the patient is already overwhelmed by the sepsis; consequently, the mortality would be very great and the chances of recovery of the patient without operation would be, I think, equally as good as if the operation were done.

While I have not as yet used the application of carbolic acid in the strength of one drachm to the ounce to the internal surface of a septic uterus, I believe that such treatment is not only rational, but strongly indicated, thereby

converting a septic surface into a healthy one. There can be no danger from the toxic effects of the carbolic acid in the above strength if we swab the uterus thoroughly and after a short time neutralize the acid with alcohol, and then thoroughly irrigate with normal salt solution, and drain in the manner above indicated.

SEPTIC ENDOMETRITIS.

The infection is different from that of putrid endometritis. It extends by means of the lymphatics, rather than by continuity of surface. The tendency of streptococcic infection is not to the formation of lymph, it travels very rapidly into the broad ligaments by means of the lymphatics. There is high fever, tenderness and meteorism, rapid pulse which is out of proportion to the temperature. The faster the pulse the greater the infection. absorbing surface is the placental site or abrasions in the vagina. There is an increase of the polynuclear white cells in the blood, which is pathognomonic of sepsis.

Upon examination of the pelvis you will find the absence of exudates; there are no masses of infiltrated tissue. The uterus may have progressed in its involution; the lochia is not fetid and may be increased or suppressed; the os uteri is not as relaxed; the interior of the uterus is smooth, exempt from that degree of roughness that is so pronounced in the putrid form of infection. Upon digital examination you will find this organ movable, may be tender on one side or the other; the peripheral circulation is poor; Douglas' cul de sac contains as a rule a dirty bloody serum;

the skin has that peculiar dirty yellow color so characteristic in sepsis, which denotes that the toxemia is profound.

Treatment. Do not curette the uterus unless there is something to remove. As a rule you will find nothing in the uterus in this form of septic infection. Use the douches to remove what secretions may be there. Give the patient calomel followed by epsom salt to start the emunctories.

These are the cases in which surgical intervention offers such satisfactory results. We should, after preparing the parts antiseptically, grasp the posterior lips of the uterus with a volsellum forceps and pull the organ down as far as possible and make a free incision into the posterior cul de sac. We almost invariably find it containing a dirty sero-sanguineous fluid. Separate with the finger all the adhesions in reach. This will open up the lymphatics and allow better drainage. Do not irrigate the cul de sac, but remove all the secretions with gauze sponges and then pack the whole area posterior to the uterus as high up as possible with dry iodoform gauze. By packing with gauze we not only secure drainage, but we stimulate leucocytosis and at the same time isolate the uterus from the remaining peritoneal cavity to a great extent. The gauze should be long enough to extend out through the vulva so as to insure free drainage. should replace the gauze in the vagina and on the external parts as often as necessary, so as not to allow it to become so saturated that the capillary drainage would be arrested. the third day we begin to remove the gauze that has remained in the cul de sac, gradually, so that by the fifth or sixth day we will in all probability be enabled to dispense with all gauze drainage. After the puncture in the cul de sac and the evacuation of the fluid the patient should be placed in the Trendelenberg position, thereby letting the intestines fall back out of the way, so that in packing with the gauze it can be done more efficiently. After the patient is put back in bed the head of the bed should be elevated several inches so as to encourage drainage by gravity.

These measures I would strongly advise even though we should find no fluid after opening the cul de sac; by packing with gauze we insure good drainage and isolation of the uterus from the large absorbing surface of the peritoneum.

Should we find in these cases a pus tube we can do what we call conservative surgery. Draw down the pus tube carefully, make an incision by slitting it up with a pair of scissors, and drain with a tube and gauze. Do not irrigate under these circumstances; simply mop out the pus with gauze sponges. In these pus tube cases following abortion or labor we can conserve the woman's pelvic organs in a large proportion of cases in the above indicated manner and she will not have to be operated upon subsequently by some gynecologist for diseased tubes.

There are three indications to be met in sepsis. 1. Cardiac depression. 2. Hyperpyrexia. 3. Proper action of the various emunctories.

We should be careful and not overstimulate the heart with whisky. The tonicity of the uterus should be kept up. This is best done by administration of ergot and strychnine in doses of 1/30 to 1/20 grain of strychnine p. r. n. These two drugs seem to act better upon the uterus if given hypodermically over the uterus.

In the hyperpyrexia we should not give any of the coal tar preparations, but control the fever by surgical intervention as suggested, irrigation and cold baths.

The emunctories should be carefully watched and attended to. The diet is very important. Fresh beef juice that has been recently expressed from one to two pounds of beef daily, milk and some predigested foods should be used. We are desirous of producing hypernutrition to overcome the rapid tissue waste that is so rapidly produced in sepsis. The patients need mostly albuminous food, but we may allow them some farinaceous articles of diet as well.

Give the patient all the water that you can get her to take, so as to sluice out the system, giving either saline solution by the rectum or water per orem. It may be necessary to employ intravenous injections or sub-mammary infusion. We can sometimes rescue patients from a moribund condition by this blood washing method.

The intra-venous transfusion is not always a safe procedure, because it sometimes overpowers the circulation by too sudden influx, producing alarming symptoms, such as a decided chill and cyanosis. This latter condition can frequently be obviated by giving a hypodermic injection of 1/100 grain of nitro-glycerine, which relaxes and

dilates the capillaries, thereby favoring rapid absorption of the infused liquid.

It has been found by some foreign observer (whose name has escaped me), that continuous irrigation of the rectum through a Kempf tube with large quantities of saline solution has proven very beneficial, a large quantity being absorbed in this way. With the hips well elevated, the patient being on her left side, we can very readily get colonic irrigation. Used in this manner, large quantities of normal saline solution can be used, say eight to twelve gallons, without discomfort to the patient and frequently with decided benefit. observer found by actual measurement that not as much water returned as was introduced, showing that quite a quantity was absorbed.

Polak of New York reports that he has had good results following the use of unguentum Crede in the quantity of three grams rubbed in thoroughly over the abdomen every six hours.

In conclusion, just a word as to the use of anti-streptococcic serum. It has

been used with varying results. sonally, I have used it a number of times without any marked beneficial When we have a strictly results. streptococcic infection of one particular form of this germ, and a serum produced from a like form of streptococcus, probably that serum has some curative powers, but when the infection mixed, as it is so often, by more than one form of streptococcus, the serum prepared from one form will not have any effect upon the sepsis due to another. This is my theory of the reason why so many failures have been recorded by those who have employed the anti-streptococcic serum in the various septic conditions. Not until our science has progressed far enough for us to differentiate not only clinically the effects of a particular form of streptococcus upon the human economy, but to develop a serum from each form of these deadly germs, can we hope to have any positive effects in the administration of the anti-streptococcic serum in sepsis.

COMMUNICATIONS.

The Nathan Lewis Hatfield Prize for Original Research in Medicine.

The College of Physicians of Philadelphia announces through its committee that the sum of \$500 will be awarded to the author of the best essay in competition for the above prize.

Subject: "The Relation Between Chronic Suppurative Processes and Forms of Anæmia." Essay must be submitted on or before March 1, 1903.

Each essay must be typewritten, designated by motto or device, and accompanied by a sealed envelope bearing the same motto or device and containing the name and address of the author. No envelope will be opened

except that which accompanies the successful essay.

The committee will return the unsuccessful essays if reclaimed by their respective writers or their agents within one year.

The committee reserve the right not to make an award if no essay submitted is considered worthy of the prize.

The treatment of the subject must, in accordance with the conditions of the trust, embody original observations or researches or original deductions.

The competition shall be open to

members of the medical profession and men of science in the United States.

The original of the successful essay shall become the property of the College of Physicians.

The trustees shall have full control of the publication of the memorial essay. It shall be published in the transactions of the college, and also when expedient as a separate issue.

Address

J. C. Wilson, M. D., Chairman, College of Physicians, 219 South 13th St., Philadelphia, Pa.

The American Congress of Tuberculosis

The third annual session of this congress is announced to be held on the 14th, 15th and 16th of May, 1902, at the Hotel Majestic, Seventy-second street and Central Park, West, in the City of New York, in joint session with the Medico-Legal Society. There will be two sessions each day and no evening session, except on the 15th, when the banquet will be given. This will enable delegates from distant states and countries to enjoy the amusements and attractions of the city.

Arrangements will be made with railway companies for a reduced rate of fare, the details of which will be announced to the delegates.

In addition to the vice presidents chosen at the sessions of May 15 and 16, 1901, the executive committee has authorized the appointment of three vice presidents from each state, country or province, and an honorary vice presi-

dent from each. Under this authorization about seventy additional vice presidents have been named who have already accepted, but in some of the countries and states all of them have not yet been named. Of the honorary vice presidents all but two of the provinces of the Dominion of Canada have accepted already, and six from governments. Among those who have accepted from the American states already, five are governors of states and other high public officers.

When completed, these officials will be all duly announced. There will be, aside from all papers of a miscellaneous nature, four symposiums, arranged each to occupy one session of the body, viz.:

1. Preventive Legislation, Embracing the Social, Municipal and State Aspects of Tuberculosis. (What aid should be expected from the state in the

cure and prevention of tuberculosis, and how shall this be secured?)

- 2. Tuberculosis in its Pathological and Bacteriological Aspects.
- 3. The Medical and Surgical Aspects of Tuberculosis. (Embracing sanatoria and climatic conditions, light and electricity.)
- 4. The Veterinary Aspects of Tuberculosis.

These will each be in charge of a committee who will arrange for the opening papers, and for those who participate. These committees will be arranged with great care and duly announced.

A large number of the enrolled members have already announced the titles of their papers for the session of 1902, and a still larger number have sent their names to the secretary, who will contribute papers and send the titles later.

The presidents of the Central and South American republics, and all governments on the American continents, have been invited to send delegates and to name suitable persons to act as vice presidents, and their men of science requested to enroll and contribute to the work of the congress, many of whom are already represented by delegates. No attempt will be made to classify and arrange these until the programme can be announced, but, if thought advisable, a preliminary announcement will be

made to classify and arrange these until the program can be announced, but, if thought advisable, a preliminary announcement will be made, one month before the annual meeting, of the titles of papers and names of authors.

Those who were named as delegates by the governors of states, or medical or scientific bodies, for the session of 1901, are cordially invited to enroll for the congress of 1902. The enrolling fee will be \$3, which will entitle the member to the bulletin of the congress of 1902.

All medical bodies, and scientific or legal associations, or associations of the bar, are invited to send delegates to the congress, who will be given the rights of the floor and a vote at the session.

There will be named a local committee for the session, of strong names, who will do everything in its power to make the occasion one of great interest and pleasure to enrolled members.

The enrollment is open to members of both professions in every state, county or province on the continents of America, in the western hemisphere, and in American waters, and papers are promised and will be solicited from all who are interested, in foreign countries.

For details and enrollment, address

CLARK BELL, Secretary,

39 Broadway, New York City.

Museum of the American Congress of Tuberculosis.

Shall we have a museum at the May session of the American Congress of Tuberculosis in New York?

The great feature of the London Congress last June was its splendid museum. We have in our country material for such a museum, and one that can equal the splendid exhibit that our English cousins presented.

This will depend upon the co-operation which the profession of medicine gives to the efforts of our committee.

The Executive Committee of the Medico-Legal Society has directed the appointment of a committee to organize such a museum, and a large number of the vice presidents of the American Congress of Tuberculosis have strongly favored such action by the American Congress of Tuberculosis.

The Hotel Majestic, where the congress will be held, will provide a suitable room for the display on the floor above the parlors, near the session.

The delegates sent by the latter body to the London Congress speak in the highest terms of the exhibit presented in London.

Dr. H. Edwin Lewis, editor of the *Vermont Medical Monthly* of Burlington, Vt., has consented to accept the chairmanship of a select committee to collect exhibits for such a movement.

He will be supported by a strong committee which is now being organized. The officers desire to know who will volunteer to co-operate in this labor and serve on this important branch of its work.

Those who will do so will please communicate with Dr. H. Edwin Lewis direct, or write Dr. Henry D. Holton, president of the American Congress of Tuberculosis, at Brattleboro, Vt., or with Mr. Clark Bell, secretary, 39 Broadway, New York City.

All curators of colleges and museums, or of medical schools or societies, and all members of the profession in the United States, the Canadas, or in South or Central American countries who are willing to loan or contribute specimens, drawings or contributions to such a collection for the use of that congress, to be held at the Hotel Majestic, May 14 to 16, in the City of New York, will please at once communicate directly with Dr. H. Edwin Lewis, chairman Committee on Museum, at Burlington, Vt., specifying contributions so that the same may be catalogued and the catalogue presented in advance of the session. The catalogue of the museum of the London Congress occupied 200 pages of printed matter, and embraced drawings, maps, skiagraphs, photographs, engravings, charts, prints and contributions, besides specimens, and illustrations of microscopic and biological work relating in any way to the subject.

If a favorable response is made to this appeal the collection will be a great public interest.

It is hoped that the laboratories of the Boards of Health of the cities and states of the Union and the medical colleges and schools will loan specimens of their work to this collection, and that the microscopists and students of biology, pathology and chemistry will enroll and co-operate in this laudable movement to extend the knowledge of the results attained by scientific endeavor in the great work of combating the spread of this great destroyer of mankind, tuberculosis.

Very faithfully yours, HENRY D. NORTON, President. CLARK BELL, Secretary.

The Maltine Company's Prizes.

Believing that a proper exercise of preventive medicine is of incalculable importance to the human race, and desiring to stimulate further research in this line, or at least to disseminate some of the newer ideas so prominently discussed by the medical profession of recent years, we offer two prizes: A first prize of \$1,000 and a second prize of \$500, in cash, for the best essays on that subject.

CONDITIONS OF THE COMPETITION.

First.—Essays offered in competition must treat the subject of preventive medicine in its various relations to the welfare of the human race, either treating the topic in its broadest scope as affected by disease, custom, environment, heredity, etc., or from the viewpoint of the specialist who contends that the most potent factors inimical to mankind result from special conditions which he is enlisted to combat.

Second.—In order that there may be no violation of medical ethics and no suspicion of mere commercialism on our part, Maltine or any of its combinations must not be mentioned or even indirectly alluded to in the essays.

Third.—Competition is open to graduates of all recognized medical colleges.

Fourth.—The essays will be judged by the following gentlemen: Daniel Lewis, A. M., M. D., New York, president New York State Board of Health; professor of special surgery (cancerous diseases), Post Graduate Medical School; surgeon to the Skin

and Cancer Hospital; editor Medical Review of Reviews. Charles A. L. Reed, A. M., M. D., Cincinnati, expresident American Medical Association; ex-president American Association of Obstetricians and Gynæcologists; fellow British Gynæcological So-John Edwin Rhodes, A. M., M. D., Chicago, associate professor diseases of the chest, throat and nose, Rush Medical College; former professor of physical diagnosis and clinical medicine, Northwestern University Woman's Medical College, and the prizes awarded in accordance with their decision.

Fifth.—The essays are to consist of at least 10,000 words.

Sixth.—Each competitor is to send us three typewritten copies of his essay by mail in a sealed envelope. These copies are not to be signed by the author, or contain anything which might point to his identity, but are to be signed with a *nom de plume*.

Seventh.—Another sealed envelope shall be sent to us containing this nom de plume, together with the author's name and address. This envelope must be endorsed "For Identification," and will remain sealed until the judges have decided upon the two prize-winning essays, and will then be opened in order that the names of the successful competitors may be ascertained.

Eighth.—The prize essays and any others which are deemed suitable will be published in a medical journal or journals subject to the approval of the authors.

Ninth.—We reserve the right to republish any of these essays in pamphlet form, restricting the circulation to the medical profession.

Tenth.—Essays entered in compe-

tition must be in our hands by September 1, 1902.

THE MALTINE COMPANY, 8th Ave. and 18th St., Brooklyn, N. Y.

The Mercy Sanitarium.

Denver is again fortunate in securing a new hospital, the Mercy Sanitarium, which by its success, though opened but a few weeks ago, speaks quite plainly for the ever increasing demand for such institutions. to the educating and progressive influence of the medical profession the antipathy to hospitals among the laity is rapidly becoming, if it is not already, a thing of the past. Practitioners today, whether they be medical or surgical, but especially the latter, seldom meet much opposition from their patients when a hospital is suggested, and quite frequently are forestalled by a request for institutional treatment, or are called in attendance upon the sick who have first sought the care of some hospital. This general optimistic view increases tremenduously the demand for institutions properly equipped for the care of the sick, and everywhere we find new hospitals springing up in fields which the casual observer and thinker would pronounce overcrowded. Nevertheless most of them succeed when properly managed, and soon lose the attitude of an experiment to acquire to their advantage that of a permanent This is readily exempliinstitution. fied in the Mercy Sanitarium, starting as it has in Denver already supplied with four large, modern and wellequipped hospitals, and the success

with which it is meeting justifies the statement that the demand for hospital care has by no means reached its maxi-

The sanitarium is situated at the corner of Sixteenth avenue and Milwaukee street, in a portion of the city rapidly growing, and has a capacity for conveniently accommodating between thirty-five and forty-five patients. proximity to City Park is quite favorable to convalescents who seek moderate exercise and fresh air as a diversion from the tedium of a long illness. It is conducted by the Sisters of Mercy, who are responsible for its success because of their large experience in managing such institutions, having under their care other hospitals in Cripple Creek, Ouray, Durango and Colorado Springs. The building itself was originally built with the idea of conducting the Kneipp water cure, but the Sisters changed their intentions, recognizing the demand for another general hospital, and have opened the institution with the latter end in view. An operating room is being equipped, an interesting feature of which is the sheet lead floor, a new departure originating in the West and first executed at the Colorado Fuel and Iron Company's Hospital in Pueblo. The advantages claimed for it are cleanliness and ease to the operator and attendants.

THE COLORADO MEDICAL JOURNAL

AND WESTERN MEDICAL AND SURGICAL GAZETTE

A Monthly Journal for the Medical Profession of Colorado and Adjoining States.

WM. N. BEGGS, A. B., M. D., ALLISON DRAKE, Ph. D., M. D., Editor and Publisher Associate Editor

MEDICINE— DEPARTMENT	EDITORS
Respiratory and Circulatory Organs Digestive Tract	A. S. TAUSSIG, M. D.
Tuberculosis Neurology and Alienism.	
Therapeutics Physiology and Hygiene	A. ZEDERBAUM, M. D. ALLISON DRAKE, Ph. D. M. D.
Ophthalmology and Otology	
Gynecology and Obstetrics Diseases of the Genito-Urinary System	CLARENCE L. WHEATON, M. D.
LOCAL EDITORS:	
Cripple Creek District, ColoM. D. Gibbs, M. D. Pu Fort Collins, ColoP. J. McHugh, M. D. Tr	eadville, Colo
Greeley, Colo	heatland, N. DEdward Chase Branch, M. D. no, Nev

Subscription, \$2.00 Per Year, in Advance.

Single Copies, 25 Cents

ORIGINAL ARTICLES. CRISP EDITORIALS.

CLINICAL REPORTS, SOCIETY REPORTS. CORRESPONDENCE.

NEWS ITEMS.

Invited from the Western States of Utah, Wyoming, New Mexico, Kansas, Nebraska, Arizona, but particularly from Colorado.
All matter intended for publication in the next issue should reach the editor by the first of each month. Each contributor of an article will receive ten copies of the Journal containing his article, upon appli-

A reasonable number of illustrations will be furnished by the Journal free of charge if suitable drawings or photographs are supplied by the authors.

Address all communications to

THE COLORADO MEDICAL JOURNAL, 133 W Colfax Ave., Denver, Colo.

Vol. VIII.

Denver, Colorado, March, 1902.

No. 3

EDITORIALS.

BACTERIOLOGY AND HUMAN PROCREATION.

According to the newspapers a remarkable discovery has been made in Paris. Drs. Meehan and Molliard of the French Acadamy of Medicine having announced that they had discovered the secret of the agency determining the sex of children previous to birth. This discovery has been made so many times that the simple announcement is scarcely likely to produce much of a shock. However, they have something new this time. It has been the generally accepted opinion that the human race was all that was concerned in the propagation of its species. Now bacteriology plays a part. It is stated that they have discovered that certain parasites in the human system are favorable to the production of males and certain others favorable to the production of females. It is also to be presumed that further investigation will show corresponding micro-organisms with perhaps slight variations for the different genera and species of lower animal life.

Presumably it will not be long before pure cultures of these germs have been obtained, possibly labeled No. I and No. 2, and will be kept on sale like diphtheria and other antitoxins, and without great delay our various pharmaceutical firms dealing in biological products will be vaunting the excellences of their own special productions. Our advertising pages are at their disposal.

There has been an eruption in the State Board of Medical Examiners, resulting in the resignation of Dr. Shannon from the board on account of the action of the board in suspending its rules and issuing to one J. Edward Hilts a license to practice medicine, although it was claimed that he failed to pass the necessary examinations. A reason given for such suspension of the rules of the board was that the examination paper of the candidate was, in the opinion of some of the members,

not marked fairly, and the statement was made that the examiner had announced in advance that this candidate would not be able to pass the examination.

The laws covering the licensing of candidates leave that to the judgment of the board. No regulations concerning the method of examination nor the percentage required to pass exist except as they are created by the board, and may be changed by the vote of the board from time to time. The examinations are partly oral and partly written, and it is our understanding that the papers of the candidates, together with the questions, are not made a record of and are not preserved by the board at the present time. A nominal standard of 560 points out of a possible 800, an average of 70 per cent., is required as the sum total of the examination in eight branches, there being no minimum required in any branch. acknowledged that the candidate fell 24 points below the necessary total amount, but, it being the opinion of the board that this was due to prejudice, they suspended their rule and granted the certificate.

PROGRESS OF MEDICINE.

Therapeutics.

Conducted by A. Zederbaum, M. D.

MEDICAL AND NON-MEDICAL THERAPY.

The advance of the last decade in the treatment of diseases with meth-

ods other than administration of drugs, had seemed at one time to lead to a new era in therapeutics, when the Pharma-

copoeas were to be gradually reduced in size and importance, and dietetic measures, open air tents, electric batteries, massage, manipulators, irrigators, the bath tub, etc., were to take the place of the old honored prescrip-Never before in the history of medicine were there published so many text books, and treatises on physical and physiological methods of treatment, never were so many periodicals and magazine articles devoted same subject, as in the last ten or fifteen years. In the German medical colleges, and elsewhere in Europe, special chairs were created to teach these methods to the students, and clinics were supplied with the most elaborate and costly apparatus to support the theoretical lectures with practical demonstrations.

But the venerable kingdom of drugs has just the same continued to glory in its predominance amidst the little principalities from which the practitioner has learned to obtain his armamentarium of healing ons. Not only have the old, tried herbs and roots, extracts and powders, not been discarded by the profession, but their number has been increasing in such a proportion that the materia medica of to-day contains more names and formulas than even anatomy or chemistry. The ingenuity and alertness of drug manufacturers have never before been so active, and so successful in their work, as for the last fifteen and twenty years. Almost every week witnesses the advertising of some new

pharmaceutical article which is quickly and eagerly taken up by clinicians and practitioners. Many of these articles by this time are permanently incorporated into the materia medica, their efficiency and usefulness having been endorsed by a large array of trustworthy representatives of the profession. Drugs and chemicals will never be done away with by the aesculapian creed. The patients want them, and the physician would be lost if he had to mainly or exclusively depend upon other healing devices.

CREOSOTE.

Among the hosts of drugs introduced into medicine during this latter period of its history, creosote is the one that has undoubtedly been prescribed more than any other by every physician in practice. Some of these physicians remain its enthusiastic admirers up to this date, many others have given it up entirely, or occasionally prescribe it still in a routine way. We in Colorado are privileged characters with regard to drugs, especially those hailed as specific in tuberculosis. We believe in them mostly only inasmuch as they are helping us to abate symptomatic indications. Creosote and its relations are decidedly less patronized by the average Colorado physician than by their brethren else-But in the country at large, also abroad, the creosotes and guiacols are still the drugs which are largely finding their ways into the stomachs of consumptives. Only lately Dr. J. A. Burroughs* of Asheville, N. C., has re-

^{*}Journal of American Association, February 1, 1902.

ported a series of 2,183 cases of tuberculosis that he had treated with pure creosote for the last nineteen years, and on the ground of this vast experience with the drug, declares it "to give the best clinical results of an agent familiar to clinicians." Of other recent publications in favor of creosote, also based on a large clinical material, could be mentioned the article of Dr. Burghart,† from the Charite Hospital of Berlin University, also the monograph of Dr. Bernheim§ in Paris. Creosote still holds its own with the profession, although the skeptical voices here and there raised against its specific effects in tuberculosis are rather becoming more and more frequent.

CREOSOTAL IN CROUPOUS PNEUMONIA.

Creosote, in the shapeof creosote carbonate or creosotal, has lately been tested in croupous pneumonia, and to judge from the published reports, with most encouraging results. Those who have given it a fair trial in pneumonia, assure unanimously that its effects are not short from marvelous. Creosotal, they say, decidedly shortens the course of the disease, and affects it altogether most favorably. To cite only American authors on that subject, I may mention the articles of Van Zant* (seven years of experience with creosotal in pneumonia), Leonard Weber† (nine cases), W. H. Thomson§ (eighteen cases), and We shall surely read more of this mode of treatment in the course of the year.

ICIITHYOL.

Another drug, although older than creosote, which is a frequent guest on the pages of our periodicals, is ichthyol, jack-of-all-trades among pharmaceutical pillars ofmedical therapeutics. Ichthyol has lately been much heralded as an excellent remedy for consumptives. Moritz Cohn of Hamburg was, I think, the first to apply it in tuberculosis, from six to seven years ago. He has found a number of followers, in private practice as well as sanatoria. As an adjuvans in phthisiotherapeutics, ichthyol seems indeed to be of some value. The beauty of this remarkable drug consists in this, that it can be profitably combined with any known chemical or pharmaceutical preparation. Its good effects as a roborant and antifermentative, when taken internally, are beyond question. These have found ichthyol very useful in carrying through the milk diet in consumptives. Milk is better digested, and can be consumed in larger quantities, when taken simultaneously with ichthyol, especially in combination with creosote, or creosotal. Much pleasanter to the taste is the albuminate of ichthyol, or ichthalbin, which is also conveniently prescribed together with guiacol carbonate, in capsule form. seen myself quite a number of cases

[†]Berlin Klin. Woch, November 27-28, 1900.

^{\$}La Tuberculose et Medication Creosotee, Paris, 1901, p. 318.

^{*}Southern Practitioner, December, 1901.

[†]Medical Record, November, 1901.

Medical Record, February 1, 1902.

where the general condition of consumptives has, at least indirectly, been considerably improved after partaking of these two preparations for some length of time.

TUBERCULOSIS.

If any chapter in medicine is well provided for with suggestions and recommendations with regard to therapeutical measures, it is surely the chapter on tuberculosis. There is always a grain of truth in the assurances of those that advocate the usefulness of a cer-

tain drug or other remedy in the treatment of this disease, and the more
recommendations of that kind the better. The skillful and cautious physician will always be able to find out
for himself what he has to think of this
or that of the announced remedies. At
the same time it greatly helps him in
his trying work and probably benefits
the patients too, when he is called upon
to attend to a consumptive for months
and years, especially in cases where the
poor sufferer is so situated that he has
to depend entirely upon medical treatment.

Ophthalmology.

Conducted by Melville Black, M. D.

OCULAR THERAPEUTICS.

In the January number of the Ophthalmic Record, Dr. A. W. Calhoun of Atlanta, Ga., gives a very interesting review of ocular therapeutics. says: "Protargol in ophthalmology is beyond question one of the most valuable remedies given us in recent years. It is considered better than any inorganic silver salt yet used. Its application produces almost no pain, is an excellent antiseptic and is less dangerous to the corneal epithelium, at the same time penetrating deeper than silver nitrate, and on this account can be used much more freely and frequently.

One of its chief advantages over nitrate of silver is the fact that in 5 to 20 per cent. solutions it can be applied to the conjunctival surfaces three to five

times a day, or oftener if necessary, and, to make its action more effectual, it can be applied by the patient's attendant." He calls attention to the fact that it produces argyrosis, and that this is to be borne in mind when using it for any length of time. He says: "As a prophylactic in ophthalmia neonatorium several authors have used it in 2 to 10 per cent. solutions, and consider it preferable to the 2 per cent. solutions of nitrate of silver, as used in Crede's There is no irritation when method. the protargol is used. Nitrate of silver, as a prophylactic, has not been in general use, because of the objectionable fact that it causes more or less irritation; but protargol, being just as valuable and of easy application (and this objection being eliminated), there is

every reason why it should be adopted in routine practice both by the oculist and general practitioner.

"Protargol has a very broad field of usefulness in the different ophthalmias. in some of which the result could not be more satisfactory. Its greatest usefulness is perhaps shown in the acute suppurative conjunctival inflammations. In gonorrhœal ophthalmia neonatorum the effects are very brilliant, in many instances acting almost as a specific. The customary precautions in regard to cleanliness, antisepsis, etc., should be carried out and the protargol, in 5 to 10 per cent. solutions (as strong as 50 per cent. solutions have been successfully used on adults), should be mopped by means of cotton over the conjunctival surfaces two or three times a day. In these two diseases, in particular, it is certainly an important advance upon the silver nitrate. Indeed, it acts satisfactorily in all acute suppurative coniunctival inflammations, in phlyctenular conjunctivitis, and in purulent dacriocystitis, by injection into the lachrymal sac, and even in some forms of corneal ulcer. It acts splendidly in dacriocystitis in infants, using it several times a day, and thoroughly emptying the sac of pus just before instilling the protargol. In chronic conjunctivitis. trachoma and kindred inflammations, it seems to have but little effect, except in those cases in which more or less suppuration is caused by the granulations. In the shape of a strong ointment it is recommended in blepharitis."

I should like to add my indorsement to everything that Dr. Calhoun has said about protargol, except that it at times produces a most violent irritation, lasting sometimes many hours. I have seen several cases in which its use was, in consequence of this irritation, interdicted.

In speaking of the new silver compound, Argentamine, he omits one of its most valuable features, that of staining diseased corneal tissue and not staining the surrounding healthy tissue. This is of considerable importance when dealing with corneal ulceration.

He believes Adrenalin the most remarkable and interesting medicament that has been evolved in recent times. He thinks it has unlimited possibilities. He thinks it intensifies the action of almost all drugs used in the eye. He says it will cut short dacrio-cystitis of infancy, and that it is of value in iritis, and possibly in glaucoma.

He says: "Among the comparatively recent drugs for the production of local anesthesia, holocain has proven its value and its efficacy in so marked a manner that we may consider that it has come to stay. One prominent writer says 'holocain should supersede cocain in ophthalmic surgery.' In many cases it can be used to greater advantage than cocain, because it does not dilate the pupil, disturb the accommodation nor increase the tension, and is often efficient in cases of inflammation which resist cocain. In 1 per cent. solutions it is antiseptic, acts quickly and causes no pain, and less hyperæmia and less disturbance of the corneal epithelium follow its use than of cocain. This is an important point as we often keep the eye anæsthetized for half an hour to an hour. As it is systemically poisonous, it should not be used hypodermically, nor applied to other than ocular mucous membranes. Holocain does not primarily contract the blood vessels, and, therefore, does not tend to control hemorrhage as well as cocain; indeed, the bleeding is more free, hence for muscle operations it is not quite so desirable as cocain. It has been found of great value in operations upon the cornea, iridectomies and cataract operations."

Here again I desire to fully endorse everything Dr. Calhoun has said about

holocain. It is not only a local anæsthetic of great value, but of distinct therapeutic value as a remedy in certain eye diseases where it is of importance to relieve pain from conjunctival or corneal irritation; besides it has valuable antiseptic properties. If the profession could be brought to understand that cocain is not a remedy, and is a very harmful drug when used in the eye as such, much good would be accomplished. Holocain will do everything that cocain is expected to do and will not do any harm.

Gynæcology and Obstetrics.

Conducted by Clarence L. Wheaton, M. D.

ų,

INTERESTING CASES.

Dr. E. T. Brady, in the *Virginia Medical Semi-Monthly*, reports the following cases:

Mrs. H., aged 38 years, married two years. She was very fleshy and gave a good history. It was her first When the doctor arrived he found the feetal head presenting at the vulva and a decided bulging of the The pains were frequent perineum. and severe. Expecting immediate completion of labor, he waited half an hour, when the pains ceased with no advancement. The doctor applied short forceps, using quite powerful traction without result. Lubricating his finger and introducing it beside the head, he found the child's feet on its breast. Following up the child's legs he found the child was doubled over a transverse band extending entirely across the vagina. The feet and legs were on the anterior side while the head and trunk were posterior to the band. Sawing off one end of the band with his fingernail, the child was easily delivered. The band measured four and one-half inches and was evidently congenital.

2. Prolapsed ovary simulating direct inguinal hernia.

The patient was 40 years old, had been married twelve years and had been perfectly healthy until seven years ago, when, after a difficult labor she suffered severe pain and soreness in the left iliac region. Four years since, while menstruating, she felt a lump in her groin and suffered excruciating pain in the lump. The doctor first saw her during one of her painful attacks and, upon examination, found what seemed like

a direct inguinal hernia on the left side. It was so painful that the least manipulation caused vomiting. Under chloroform the ovary could be distinctly made out and easily reduced. The uterus was decidedly prolapsed. It was replaced and held in position with tampons and the patient had no further trouble.

During two subsequent menstrual periods the patient has worn a two and one-half inch soft rubber ring and there has been no return of the hernia.

VESICO-VAGINAL FISTULA.

Smith describes a new operation, consisting of the following procedures:

- 1. The vagina was incised across and in front of the cervix, pushing the bladder off from the uterus in the same way as in the first step of vaginal hysterectomy, the cervical laceration which extended up to the internal os was operated on by the Emmet method.
- 2. The vagina was separated easily from the bladder with the finger everywhere except where the two torn edges had become united by fistula. With the finger between the vagina and the bladder it was quite easy, by a few cuts with the scissors to separate them from one end of the fistula to the other. As this cut gave a raw edge there was no need of cutting away a single particle of either.
- 3. The long tear in the bladder was now caught with a catgut stitch at either end, only taking in the muscular wall, and held on the stretch by an assistant. It was only the work of a minute or two to bring the muscular wall together with an over and over fine chromicized catgut suture, going back fully an eighth of an inch on each side,

but taking care never once to penetrate the cavity of the bladder or even touch the mucous membrane. When this was finished there was a strong ridge on the site of the tear nearly one-fourth of an inch wide, which was tested with sterilized milk injected into the bladder from a fountain syringe four feet above it, giving quite a pressure, and not a drop came through.

The slit in the vagina was closed with interrupted silkworm gut passed through the vagina, then through the muscular wall of the bladder, but half an inch to the right of the tear in the bladder, and then through the other side of the vagina, thus displacing the bladder half an inch to the patient's left, so that the line of suturing in the two membranes was no longer in the same place as the line of the tear was. this means the line of suture of the bladder was backed up or strengthened in front by half an inch of solid vagina instead of a line of sutures, and should any pressure be accidentally brought to bear upon the sutures in the bladder it would have to overcome a valve instead of a hole, and the harder it pressed the tighter did the valve close. theter was left in for five days, after which the patient passed water naturally three or four times a day and has had no trouble since.

THE TREATMENT OF UTERINE FIBROIDS
BY THE USE OF FLECTRICITY.

Dr. Franklin H. Martin states that there was a time when the galvanic treatment of fibroids of the uterus was in vogue, but that the surgeon's knife has now reversed the swaying of the

pendulum and that surgery could do There was a time when the more. Apostoli treatment was the favorite one. It symptomatically cured a large percentage, and occasionally the tumor seemed to disappear, but electricity seldom ever removed the tumor and the procedure was a tedious one to both patient and physician. He recommended, however, its employment in the following cases: As a local and general tonic and as a relief of pressure and reflex pains, also in cases of hemorrhage with complications contraindicating surgery, interstitial in fibroids, where operation is refused in tumors of small size of the interstitial variety, where hemorrhage is present in women within one or two years of the menopause.

THE TREATMENT OF SEPSIS, FOLLOWING LABOR AND ABORTION.

Dr. W. O. Henry of Omaha states that it is important to remember that sometimes malarial and other fevers follow closely upon abortion and labor, and that all such cases should be carefully distinguished from true puerperal sepsis, but having once fully determined that infection has really occurred along the genital tract, only one line of treatment is justifiable in the present state of our knowledge.

Although he admitted the different varieties of infection, yet since it was unsafe and impracticable at the present time to wait for bacteriological examination, and since, further, the treatment he recommended was safe, practical, curative and within the reach of every

physician, he insisted upon its universal adoption.

After giving somewhat elaborately the reasons for his belief, he summarized as follows:

- 1. Remove early with the finger, sharp curette and flushing all debris, decidua, blood clots and sloughing tissue which may be infected from the uterus, and from all raw surfaces in the cervix, vagina and vulva.
- 2. Dry all of these raw surfaces and freely apply to them 95 per cent. carbolic acid, washing away the surplus acid with sterile water.
- 3. Unless hemorrhage requires, leave no tubes nor packing of any kind in either the vagina or uterus.
- 4. Have carbolized 2 per cent. vaginal douche used twice a day thereafter.
- 5. Open the bowels freely with calomel one-half grain every four hours, then follow with Rochelle salts until sufficient action has occurred.
- 6. Give quinine, 3 grains, every four hours, followed by chloride of iron, 15 drops, in water.
- 7. Give good nourishment with milk, eggs and stimulants every four hours.
- 8. Let this be the routine and early treatment and hysterectomy will be rarely required.
- 9. When fixation of the uterus occurs and infiltration takes place in Douglas cul-de-sac, or the broad ligaments, or when the tubes or ovaries fill with pus in acute cases, open promptly and drain through the vagina.
- 10. If multiple abscesses occur in the uterine walls, or the walls become

badly infected, or if necessary to perfect drainage for a badly infected cavity, remove the uterus and all else necessary by the vaginal route. The abdominal route is dangerous in all acute cases and is seldom if ever justifiable.

TREATMENT OF DYSMENORRHOEA.

Theilhaber believes that only in a minority of cases is there an anatomic cause for dysmenorrhœa. Submucus myoma may wake painful uterine contractions at the menses since it is mostly at that time that the uterus strives to expel any foreign body. Uterine contractions are always present in menstruation, but usually they are painless, often becoming painful in the

presence of perimetritis. In more than three-fourths of the cases of menstrual colic either myoma or perimetritis is the cause, not through anatomic, but functional, disturbance. The pain is due to spasmodic contractions of the crossshaped muscular fibers of the inner os uteri and tetanic contractions of the sphincter of the internal orifice. general treatment fails to relieve the condition he recommends that the efficiency of the sphincter be restored by a resection of the internal orifice. In like manner a natural cure of dysmenorrhœa sometimes occurs when during · delivery a laceration of the internal os uteri takes place and the dysmenorrhœa does not reappear. Theilhaber quotes the resection of the sphincter in twentytwo cases with satisfactory results.

Diseases of the Genito-Urinary System.

Conducted by Donald Kennedy, M. D.

SUPRA-PUBIC VESICAL FISTULA IN PROSTATIC HYPERTROPHY.

Recently two masters of genitourinary surgery have given expression to opposite opinions regarding the advisability of establishing a permanent supra-pubic fistula in cases of prostatic hypertrophy. Wishard (New York Medical Journal, August 17, 1901) says that in view of the serious dangers involved, many patients should be subjected to nothing more than the formation of a supra-pubic channel as suggested by McGuire and modified by Morris. Turning to an article of Fuller (Journal American Medical Association, November 2, 1901) we read: The establishment of a permanent supra-pubic vesical fistula is a surgical makeshift that no progressive genitourinary surgeon at present is apt to employ except in cases of malignant disease. * * I think I am fair in stating from my own experience in case an individual is otherwise sound in body, is not over 65 or thereabouts of age, and has not marked urinary infection, that the mortality from prostatectomy is not greater than 5 to 8 per cent. From that low level the mortal-

ity rises, dependent on the combination of adverse conditions which may be present. To the writer it seems that the latter statement of Fuller is the very best argument in favor of establishing a supra-pubic channel. If the mortality in men otherwise sound in body, not over 65 years of age and not suffering from urinary infection is 5 to 8 per cent., what would be the mortality in the case of patients over 65, the victims of arterio-sclerosis and marked urinary infection? The McGuire-Morris operation is attended with practically no mortality and in the majority of cases makes the patient comfortable. then, should he be subjected to an operation attended with grave risks? our opinion it is better to have a live patient with a supra-pubic fistula, than a dead one without his prostate.

A PROBABLE CAUSE OF FISTULA IN IN-TERNAL URETHROTOMY.

G. Frank Lydston says: I have recently arrived at the conclusion that the personal equation, or, if I may be pardoned for using the old explanation that does not explain, idiosyncrasy, has more to do with the results in urethral surgery than is ordinarily supposed. The peculiar tendency in such cases is, it seems to me, the same as that which exists in individuals who, after operations in other situations, develop keloid or pseudo-keloid. Keloid or pseudokeloid, occurring in the cicatrix of an operation wound is, in a general way, not a rare condition, and, given the peculiar constitutional tendency to fibrohyperplastic tissue growth which characterizes such cases, there is no logical reason why the urethra, when operated upon, should be immune. (Journal of Cutaneous and Genito-Urinary Diseases, November, 1901.)

THE CLINICAL EFFECTS OF AMMONIO-FORMALDEHYDE (UROTROPIN.)

Dr. Edward L. Keyes, Jr., concludes his paper on this subject as follows:

- 1. Ammonio-formaldehyde (urotropin) seems to be a specific in bacteriuria.
- 2. In order to prove effective it might have to be administered in large doses until the urine was practically clear of bacteria, after which a smaller dose might suffice.
- 3. In judging the effects of the drug, the centrifuge and microscope should be employed.
- 4. The dose must not be sufficient to cause polyuria and dysuria by irritation of the neck of the bladder.
- 5. The possibility of such an irritation should not be overlooked, even when small doses were employed.
- 6. Ammonia-formaldehyde was extremely serviceable as a prophylactic to the various forms of urinary septicæmia and urethral chill.
- 7. Its routine employment, both before and after operation on the urinary passages, was indicated.
- 8. The urine containing ammonioformaldehyde occasionally has an escharotic effect upon wounds, which might constitute a contra-indication to its employment. (Journal of Cutancous and Genito-Uringry Diseases.)

OPERATIVE TREATMENT OF BRIGHT'S
DISEASE.

The Cure of Chronic Bright's Disease by Operation, is the title of an interesting paper by Dr. George Edebohls in the *Medical Record* for December 21, 1901.

Dr. Edebohls' first observations were made in six cases of chronic Bright's disease, in which he had performed chronic nephropexy for the purpose of anchoring a movable kidney. In five of these cases nephropexy was undertaken without any idea of favorably influencing the chronic nephritis, known to exist, the indications for operation being given solely by the existence in an aggravated degree of the usual symptoms due to the mobility of the kidney or kidneys.

Quoting Dr. Edebohls: "My first case was operated upon as long ago as November, 1892, my fifth, April, 1897. The complete and permanent disappearance of albumin and casts from the urine and the restoration to perfect and enduring health of three of the five patients led me to advise bilateral nephropexy in my sixth patient, a sufferer from chronic Bright's disease complicated with movable kidney, mainly with the object of favorably influencing the chronic rephritis."

This operation, performed January, 1898, constitutes the first operation ever undertaken upon the kidneys with the deliberate purpose of curing chronic Bright's disease, and, in so far, marks a period in the history of the affection. As a result of the operation, the patient was radically cured of his chronic

Bright's disease and remains so to this day.

Dr. Edebohls further states: couraged by the permanency of the cures of the chronic nephritis in these earlier cases, I have, during recent years, performed nephropexy by preference upon patients suffering from chronic Bright's disease. This may account for the fact that among the 191 patients upon whom I have performed nephropexy there were no less than 16 sufferers from chronic nephritis. results proved gratifying beyond all expectation. As none of the patients received any further treatment for their chronic Bright's disease, the conclusion became inevitable that the cures and improvement obtained with practical uniformity must be ascribed to the operation itself."

Of the 18 patients operated upon for chronic Bright's disease by Dr. Edebohls, 5 had chronic interstitial nephritis, 4 had chronic left interstitial nephritis, 4 had right and left chronic interstitial nephritis, 2 had right and left chronic parenchymatous nephritis, 3 had right and left chronic diffuse nephritis. In 14 of the 18 cases both kidneys were operated upon, in 12 instances at one sitting and twice at two sittings. In 4 patients operation was performed on one kidney and in every instance the right. Of the 4 patients whose right kidney alone was operated upon 2 had completely recovered.

Dr. Edebohls states that in all his operations upon the kidney, except one, ether was the anæsthetic employed, with no untoward results.

Dr. Edebohls' paper is an exceeding-

ly valuable contribution to recent medical literature. While decapsulation of the kidney for the cure of chronic Bright's disease is in an experimental stage, these observations open a large field for competent surgeons. Drugs being perfectly useless so far as effecting cures in chronic Bright's disease is concerned, or, as Osler says, "Chronic Bright's disease is an incurable affection and the anatomical conditions on which it depends are quite as much beyond the reach of medicines as wrinkled skin or gray hairs," further investigations along the lines followed by Dr. Edebohls would seem justifiable.

C. L. W.

SOCIETY REPORTS.

Denver and Arapahoe Connty Medical Society.

(This report appears in no other medical journal.)

The regular meeting of the Denver and Arapahoe Medical Society was held at the Brown Palace Hotel, February 11, 1902. The president, Leonard Freeman, being absent, Dr. Edward Jackson was elected to the chair. The minutes of the preceding meetings were read and approved.

The following physicians were elected to membership in the society: R. L. Albi, M. D., University of Turin, Italy, 1902; Phillip G. Wales, M. D., Columbia University, 1893; Bur Ferguson, M. D., Columbia University, 1896; Moses Collins, M. D., Louisville Medical College, 1887; Julia S. Knapp, M. D., Gross Medical College, 1898; H. Goodfriend, M. D., College of Physicians and Surgeons, New York City, 1898; Charles T. Elder, M. D., University of Denver, 1885.

During the election Dr. J. N. HALL exhibited a cor bovinum weighing 36 ounces taken from a patient aged 37 years whose weight was 155 pounds.

The patient was an alcoholic, had had rheumatism, cirrhosis of the liver, mitral regurgitation and adherent pericardium. Dr. Hall commented on the unusual size of the heart for a case of mitral regurgitation. He ascribed this to the mitral insufficiency and the adherent pericardium to the pre-existent rheumatism.

DR. WM. N. BEGGS dissented from this opinion, thinking that probably the large size of the heart was due to the adherent pericardium and the mitral regurgitation was a relative one, being produced secondarily and due to the dilatation of the ventricle.

The board of censors made a report, recommending that section I of article 2 of the by-laws, requiring that the initiation fee of \$5.00 accompany the proposal for membership in the society be lived up to. This was assented to without action of the society.

Section 3 of article 4 of the by-laws was amended to read as follows:

"During the first month of every

year, each member in arrears for the preceding year shall be notified of the fact by the financial secretary, and if such member shall not pay his delinquent dues before the end of the year in which he was notified, he shall forfeit his membership in the society, and the forfeiture, shall be reported by the financial secretary to the secretary, who shall report all such forfeitures to the society."

DR. J. N. HALL reported:

- 1. Two cases of bronchial obstruction in phthisis.
- 2. Two cases of rheumatic creaking of the shoulder joints in phthisis.
- 3. Two cases of thrombosis of the common iliac vein after typhoid fever.
- 4. A case of embolism of the bifurcation of the aorta.

DR. LOBINGIER read DR. JOHN S. MILLER'S paper, describing an improved trocar for paracentesis abdominis. The trocar was exhibited.

The following five-minute talks were then made:

1. By Dr. W. C. Bane on Acute Otitis Media.

Acute inflammation of the ear is important on account of the pain, the impairment of hearing and the danger of brain complications.

Developing as a sequela of "cold in the head," influenza, the exanthemata or typhoid fever, there occurs hyperesia, followed by exudation, ecchymosis, and in most of the cases maceration of the membrane lining the middle ear.

A dull feeling in the ear is early followed by sharp pain, often excruciating and lancinating in character, worse at night than during the day. In a moderate case the pain may subside toward morning, to return again with increased severity by nightfall. Tinnitus or ringing in the ear is frequently present. Deafness increases with congestion and exudation

If left alone the drumhead will in many cases macerate and rupture from the pressure of the inflammatory exudate in the middle ear.

The drumhead when examined early is found to be congested. Later it is dull and bulging and in some cases vesicles or blebs filled with bloody serum are observed on the drumhead or the canal near the membrane. Three cases of blebs have come under my care this season. The discharge varies in character according to the stage it has Early the discharge is serous and later may be catarrhal or purulent, catarrhal in influenza and measles. purulent in scarlet fever, though it may be purulent in all the above diseases. Early relief of the pain by purgatives, including small and frequently repeated doses of calomel, the internal administration of tincture or some of the alkaloids of cpium. Acetanilid is of service in quieting. In mild cases small doses of bromide of potash frequently repeated has a soothing effect. Large and frequently repeated doses of sodium salicilate have proven in my hands a valuable remedy in reducing the inflammation and modifying the pain.

Locally anodynes have but little effect on the unbroken surface. Orthoform does give relief when brought in contact with the mucus membrane. Frequent irrigation with hot sterile solutions, without much force by gravity,

aid in relief of pain by modifying the congestion.

The canal and drum membrane should be examined early and often and as soon as bulging appears the drum membrane should be *incised*, the precautions having been taken to make the canal and instruments sterile.

After the incision the fluid may be removed by the gentle use of Siegle's pneumatic speculum. Frequent irrigation with sterile hot solutions, as of I-1000 trikresol, will often be acceptable, but in the influenza type, the irrigation in many cases increases the pain.

The damage of hearing varies with severity and destructive character of the inflammation.

2. By Dr. H. B. Bartholomew, on Metastatic Abscess Complicated by Pneumonia of Unusual Type.

Mrs. A., family and personal history very good.

In 1896 was operated by our late Dr. Clayton Parkhill for ectopic pregnancy, at which time he removed the right ovary and tube.

The patient enjoyed fair health until 1898, when she was again operated by Dr. Parkhill for post-operative adhesions.

The speaker saw her first in January, 1899, when she was found to be suffering from the effects of insufficient elimination. Both the kidneys and bowels were lacking in activity and there was pain in the region of the old stump at each menstrual period, with some distress in the abdomen about the site of operations.

Some months later, on the first day of her menstrual period, she experi-

enced a severe chill with extreme pain over the site of right ovary, temperature 107° and symptoms of shock (the pain radiating over the abdomen). The reaction at this time seemed to be due to a leakage from the old stump. Later in the day the temperature had somewhat subsided, pulse 130, menstruation was established, the pain became somewhat less in the right iliac fossæ, and gradually disappeared during the next four days with the gradual appearance of a tender, throbbing area just beneath the tenth costal cartilage on left side. This reached its acme at the end of the third day, when it was opened under the ethyl chloride, a pocket of pus being evacuated.

At this time the patient obtained much relief and for the first time called my attention to some distress in the chest and sore throat. The chest showed marked dullness over the lower lobe of the left lung, with some rales. There was no cough. Upon looking into the throat it was found to be covered with thick grayish membrane as far forward as the anterior pillars of the tonsils. A culture was at once made and antitoxin administered rapidly in the next eighteen hours.

Dr. Mitchell reported no diphtheria but that the culture was swarming with pneumococci, streptococci, staphylococci, etc. The membrane promptly exfoliated with the expectoration of casts of smaller bronchi.

The improvement in the patient's condition was rapid, but afternoon temperature remained up to 102°. At this time Dr. Powers saw her and dissected out the abscess cavity along the tract

of which there was considerable necrotic tissue. Recovery was untinterrupted.

3. By Wm. N. Beggs, M. D., on the Comparison of the Oral and Rectal Temperatures in Tuberculosis.

Some two months ago my attention was called to a paper in one of the weekly medical journals on the unreliability of oral temperatures in numerous diseases. I had long since noted its unreliability in tuberculosis; that oftentimes the axillary temperature registered higher than that taken by the mouth, especially when the latter was subnormal. On account of this article I have made some investigations of the subject and present a few temperature charts in which both oral and rectal temperature are given.

Ordinarily I have been accustomed to thinking that the rectal temperature would average about one degree higher than that taken by the mouth. charts herewith submitted bring out quite a number of interesting points. In some few cases the temperature corresponds pretty well throughout the time taken. In others we find marked In some of them there is variations. no correspondence at all, the differences between them being exceedingly irregu-At times the oral and rectal temperatures were the same. At other times there would be a difference of three or four and in one case even five degrees between them, and in a few instances the oral temperature was higher than the rectal. Of course in this latter case there must have been some source of error with which I am not at the present time acquainted.

An interesting point in connection with some of the cases is that the oral temperature curve shows a marked difference from that taken by the mouth. In these cases the temperature as taken by the mouth was lowest in the morning and showed a gradual rise until evening, whereas the rectal temperature was low in the morning, showing a rather abrupt rise, so that the average height of fever was reached sometimes at 9 a. m., sometimes at noon, remaining practically the same until evening.

These charts give us food for thought. We have been taught to depend upon the temperature as revealed by the mouth or axilla. We find here very great variations which would point to the unreliability of this method of taking the temperature, in tuberculosis at any rate, and it is only of tuberculosis of which I am speaking. Of course there are many sources of error in taking the temperature by the mouth, mouth breathing, the ingestion of hot or cold drinks will all affect the record of the thermometer. These, however. I think can be reasonably excluded. In these cases, as on former occasions, I have given instructions to the nurses to avoid them and have myself, already stated, some time since noted variations between the oral temperature and the axillary temperature, when taken myself, being careful to avoid sources of error as far as possible.

A general discussion followed the five-minute talks.

Dr. C. E. Edson reported a case showing symptoms of appendicitis, in a family in which three days later two

members were taken with influenza and sore throat. The members having the symptoms of appendicitis were then attacked with influenza and sore throat. Dr. Edson queried whether there was not some relation between the attack of influenza and appendicitis.

Dr. A. S. Lobingier recommended an examination of the blood and pus in cases like that reported by Dr. Bartholomew.

Dr. I. B. Perkins called attention to the effects on oral temperature which are produced by the ingestion of foods and drinks.

A regular meeting of the Denver and Arapahoe Medical Society was held at the Brown Palace Hotel February 24, Dr. Leonard Freeman occupying the chair. The following were elected to membership: J. R. Hopkins, M. D., University of Toronto, 1893; E. F. Dean, M. D., University of Denver, 1897; and P. D. DeCunto, M. D., University of Naples, 1896.

DR. ARTHUR McGoogan read a paper on The Etiology of Rheumatic Neuritis.

DR. H. G. WETHERILL read a paper on The Treatment of Inoperable Septic Peritonitis. The paper was discussed by Drs. Lobingier, Freeman, Burns, Spivak, Zederbaum and Bennett.

The following five-minute talks were then made:

1. By Dr. MELVILLE BLACK on Tobacco Amblyopia.

A man 47 years of age consulted me January 10, 1902, complaining of gradual failure of vision for three or four months past. About three months ago he went to an optician who fitted him with glasses for reading. Since then the optician has changed his glasses several times because he could not see to read with them. Of late his vision is so poor that he cannot read at all, and distinct objects are indistinct. When looking at a man's head across the street there is a central ball of haze that obscures the head, while surrounding objects are comparatively clear. As he changes his point of fixation the central blur follows and obscures the object looked at.

He smokes a pipe almost all the time, drinks beer irregularly. Would be classed as a moderate drinker.

The blurring of central vision suggested to me at once that his trouble was probably a toxic amblyopia from tobacco, which the subsequent examination verified. His vision was reduced in right eye to 1/18 of normal, and in the left eye to 1/18 of normal, and was not improved by lenses.

A very marked central scotoma existed for red and brown. There was contraction of the visual fields.

The ophthalmoscope showed an atrophy of partial degree of the temporal fibers of each nerve.

It was unfortunate that he should have wasted his time with an optician in a vain endeavor to have glasses fitted until his vision was so lowered, and atrophy of the temporal fibers of the optic nerves evident.

The prognosis in tobacco amblyopia is good if the case is seen early, but after atrophy is in evidence permanent damage is sure to remain.

He was placed upon hypodermic in-

jections of nitrate of strychnia once daily. The dose was increased daily up to a point of toxic effect. This point was reached with 1/6 grain. From this time on he was kept practically on the same dose, as it was found impossible to make it larger. The use of tobacco and alcohol of every form was stopped.

Eighteen days after beginning this treatment his condition was unimproved. I then added to the strychnia treatment ten drops of potassium iodid saturated solution three times daily and used the galvanic current, positive pole over eye, for five minutes once daily, using 21/2 ma. From this time on the improvement in vision was gradual. At the end of the seventh week of treatment he was discharged with vision of 5/12 in the right eye and 5/15 in the With both eyes his vision was 5/9. He was able to read a newspaper with ease with his presbyopic correc-He no longer was annoved by the central blur that had obscured his vision.

The case turned out better than I expected, as there was a good deal of atrophy of the central fibers of the optic nerves, and it is to this that we owe the permanent damage.

2. By Dr. J. M. BLAINE on the Diagnosis of Eczema.

Mr. President and Members of the Society—In the few minutes at my disposal I shall attempt to say a few words on the diagnosis of eczema. There is no word in the medical literature that is so frequently misapplied or mispronounced as eczema.

True eczema constitutes 30 per cent.

of all cases seen in dermatological practice; still that is no reason why the other 70 per cent. should be called eczema also.

Eczema begins in one of four ways, either as an erythema, a vesicle, a papule, or a pustule, and may change rapidly from one to another, or may combine any two or more of these forms.

Eczema has certain constant symptoms to distinguish it from other diseases. Redness is always present, and this redness has the peculiar characteristic of shading off into the healthy skin and not showing abrupt edges. Itching is always present, varying in degree according to the temperament of the patient.

Infiltration is always present, the parts showing more or less thickening.

Exudation is present in almost all cases, showing either on the surface or in the layers of the skin. Exudation is generally present in some stage of the disease, and this characteristic weeping is found only in eczema.

There are certain diseases which resemble eczema and which must be differentiated from it.

Erythema resembles erythematous eczema but does not itch. It covers a large surface, is due to some constitutional disturbance and disappears as soon as the cause is removed.

Scarlatina might be mistaken for erythematous eczema, but the elevated temperature, sore throat and severe constitutional symptoms would clear the doubt.

Erysipelas is often mistaken for eczema, but more frequently eczema is

called erysipelas. Most cases of frequent occurrence and recurrence are cases of eczema, but very often miscalled erysipelas.

Erysipelas has more severe constitutional symptoms, the color is darker, the disease shows a great tendency to spread from the face to the scalp, the disease has no "weeping" except later in severe cases when blisters form. Eczema is lighter in color, shading off into the healthy skin, and shows no tendency to invade the scalp from the face.

Small-pox, when in the papular stage, might be mistaken for papular eczema, but the elevation of temperature and severe constitutional symptoms would clear the doubt.

Lichen planus and lichen scrofulosus resemble eczema, but can be distinguished by the character of the eruption. In lichen planus the lesions are small and pointed on the wrists and ankles, while on the body they are irregularly quadrilateral and umbilicated in the center. In lichen scrofulosus the lesions

are yellowish in tint and around the umbilicated depression is a tightly adherent scale.

Sycosis might be mistaken for pustular eczema, but in sycosis the disease is a peri-follicular inflammation. The pus is found around the hair root, each lesion corresponding to an individual hair follicle, whereas in pustular eczema each lesion might involve several hairs and the disease would also show on the non-hairy parts.

In sycosis the hairs are loosened; in eczema they are not affected.

Rosacca may resemble erythematous eczema, but rosacca is essentially a chronic disease, developing very slowly and does not have the subjective symptoms of eczema.

Psoriasis might in some cases resemble squamous eczema. The scales in psoriasis are composed of dead epidermis, in eczema of dried exudation. On removing the scales psoriasis bleeds. Eczema has a discharge. Psoriasis rarely itches, eczema always does.

Cripple Creek District Medical Society.

(This report appears in no other medical journal.)

The Cripple Creek District Medical Society met in regular session Tuesday, February 11, 1902, in the office of Dr. Torrance in Cripple Creek.

The meeting was called to order at 9 p. m., Vice President Magruder in the chair and the following members present: Cohen, Cunningham, Dunwoody, Gibbs, Liggett, Manly, Pen-

nock, Polly, Roberts, Sipe and St. Clair; also Dr. Anderson was present as a visitor. Minutes of the last regular and intervening special meeting were read and approved.

Dr. Anderson's name was proposed for membership and referred to the board of censors.

The paper for the evening, "Puer-peral Sepsis,"* by Dr. Dunwoody, was

^{*}Published on page 101.

then read and an interesting discussion ensued. The discussion of Dr. Dunwoody's paper was quite long and interesting, but several interruptions occurred, 'phone calls, etc., which interfered with my note taking. I have therefore to apologize to the members of the society and to my readers for an incomplete and possibly incorrect report of the discussion.

DISCUSSION.

DR. LIGGETT considered the paper well written and that it showed a careful study of the subject on the part of the writer; also it contained a suggestion to all present to observe carefully these cases as they occur from time to time in practice.

DR. CUNNINGHAM stated that he made use of the curette in almost all cases of puerperal sepsis, but always exercised the utmost caution in its use. Regarding the aplication of carbolic acid to the endometrium, he had not made use of it. Theoretically it would be good treatment, as it acts well in all external septic wounds, but he considered that it would be difficult to apply to the interior of the uterus, and he had found irrigation with sterilized water or mild antiseptic solutions efficacious in these cases.

DR. PENNOCK complimented the author upon the lucid manner in which he had handled the subject in his paper and stated that it suggested to him the thought that few of us classify our cases properly; we simply call the case septic infection and proceed to treat it symptomatically, without differentiating the special form.

Dr. Roberts disagreed with the last

speaker, saying that most practitioners do classify their cases, and when Dr. Pennock treats a case symptomatically he was then (unconsciously perhaps) making a differential diagnosis of the form of sepsis in that particular case. Would ask the writer what instrument should be used for dissecting the tissues after opening into the cul de sac of Douglas?

Dr. Dunwoody—The fingers only. No instrument is required, as the adhesions are of recent origin and easily broken down.

Dr. CATHARINE POLLY found the paper very interesting; it recalled to mind two cases of sepsis, which she had treated and which were of unusual interest, inasmuch as they had occurred in the same patient. In the first instance, three years since, the patient had miscarried at about six months. The doctor was called the fourth day and found a retained placenta which was simply a putrid mass, and the odor from which was absolutely nauseating. The patient's temperature, however, was only one degree above normal and the pulse slightly accelerated. Removal of the placenta and an intra-uterine douche speedily remedied the condition. On the second occasion, six months ago, the patient had miscarried at four months. There was no retention of either placenta or membranes, but on the third day the temperature was 104°, with weak and rapid pulse. The douche was used and stimulants administered and the patient made an uninterrupted recovery.

Under reports of committees the secretary reported for the committee on

editing and printing of fee bill that the printing had been completed and that the same had been accepted by the Physicians' Business League, and one-half of the printing bill had been paid by that organization.

On motion the treasurer was instructed to proceed with the collection of the special assessment recently levied, and as rapidly as collected apply it upon the bill for printing.

There being some objection to the manner of editing of the fee bill, it was moved and seconded that the report of the committee be laid on the table. Motion carried.

Moved and seconded that a committee be appointed to arrange for a social session, to be held in April, that being the fifth anniversary of the society. Carried. The chair appointed Drs. Cohen, Driscoll and Magruder as the committee.

The meeting then adjourned in due form.

M. D. Gibbs, M. D.,

Secretary.

Denver Clinical and Pathological Society.

(This report appears in no other medical journal.)

The regular monthly meeting of the Denver Clinical and Pathological Society was held February 14, 1902, at 1519 Stout street, the members being the guests of Drs. Taussig, Whitney, McNaught, Delehanty and Kenney, Dr. Black, the president, presiding. The records of last meeting were read and approved.

Dr. Jayne addressed the society on the subject of organizing an Academy of Medicine in Denver.

Dr. Bergtold exhibited a specimen of urine containing bile and granular casts, a specimen of which was exhibited under a microscope.

Dr. Kenney exhibited the prostatic portion of the urethra and bladder of a dog dying from complete dislocation of the same through the cavity of the pelvis with the formation of a perineal tumor. Discussed by Drs. Bergtold and Hall.

Dr. L. Freeman exhibited two specimens of gall-stones of large size and barrel shaped, which had been removed from the gall bladder.

Dr. Bergtold reported a case of broncho-pneumonia in an adult, the disease presenting peculiar conditions. Discussed by Drs. Hall, Whitney and Edson.

Dr. Edson further reported on his case of typhoid perforation (reported at last meeting) that the patient was in advanced convalescence. Also a case of spleno-myelogenous leucæmia.

Dr. Stevens made a supplementary report of the condition of the eye grounds on Dr. Edson's last case. Discussed by Dr. Tyler.

Dr. Childs reported three cases of strangury in boys from twelve to fourteen years of age, caused by catharides poisoning.

Dr. Stevens reported: (1) A case of intense headache of obscure origin

in a male which was cured by application of proper glasses. Discussed by Drs. Hopkins, Pershing, Bourquin. (2) A case of sudden blindness supposed to be due to hemorrhage (cerebral).

Dr. Pershing reported a case of blindness similar to Dr. Stevens' case.

Dr. Whitney reported a case of a male of 21 years who suffered with intense abdominal pain of the left side for a number of weeks. The condition of the abdomen was negative in every

particular. Sedatives in heroic doses failed to relieve the pain or induce sleep. A diagnosis of hysteria was made. Recovery.

Dr. Van Zant discussed the subject of the normal rectal temperatures, Drs. Whitney, Tyler, Bergtold, Pershing, Edson, Beggs and Hill participating.

The society adjourned. Members present, 33. Visitors, 3.

F. W. Kenney, M. D., Secretary.

Laramie County Medical Society.

(This report appears in no other medical journal.)

The Laramie County Medical Society held its regular meeting Thursday, February 6, at Fort Collins, Colo. The attendance was very small, only four members being present.

The president, Dr. Stuver, read an interesting paper on "Alcohol and the Doctor." In a general way he condemned the use of alcohol as a therapeutic agent. The paper was discussed by Drs. Hoel, Dale and McHugh.

NEWS ITEMS.

The American Association of Urologists was organized on February 22, 1902, essentially for the purpose of further development of the study of the urinary organs and their diseases. Although most of the founders of the association are specialists in genitourinary diseases, membership is not limited to those engaged exclusively in this specialty. Thus gynecologists, who embrace renal and vesical surgery in their work, are among the founders, as are also several gentlemen who devote themselves to the microscopy and chemistry of the urine, as well as a number

of practitioners interested in the study of the kidney from a medical stand-The association consists of point. active, corresponding and honorary members, and is in great measure modeled upon the plan of the Societe Française d'Urologie, modified to suit circumstances American and ditions. Whenever possible, the branch associations throughout the United States, British possessions and Spanish America, will hold their meetings on the same evenings as does the parent association in New York (the first Wednesday in each month). The work of the association is principally clinical, for the demonstration of new methods in the technique of examination and treatment. The annual meeting of the American Association of Urologists will be held on the last day and the day following the annual meeting of the American Medical Association. The officers of the association are: Ramon Guiteras, M. D., president; Wm. K. Otis, M. D., vice president; John Van der Poel, M. D., treasurer; Ferd. C. Valentine, M. D., assistant secretary.

The State Board of Charities has had its two days' meeting in Colorado Springs, ending February 18th. following officers were elected: President. Prof. E. S. Parsons, Colorado Springs; vice presidents, Mrs. M. D. Thatcher, Pueblo; James K. Baker, Boulder; Rev. E. Evans Carrington, Colorado Springs; Mrs. O. E. Le-Fevre, Denver; Dr. R. W. Corwin, Pueblo; Judge Ben B. Lindsey, Denver. Additional members of the executive committee: Hon. J. R. Schermerhorn and Mrs. S. Izetta George, Denver; Rev. T. A. Wheeler, Canon City; E. W. Pfeiffer, Cripple Creek. Secretary, Mrs. Bertha Butler, Denver; treasurer, C. L. Stonaker, Denver. The next meeting will be held at Canon City, Colo.

Montclair, a suburb of Denver, Colo., is the site of perennial schemes to render it a health resort of great importance. These projects are continuously arising and continuously falling. It is now proposed to build there a hotel which will surpass the Antlers Hotel

of Colorado Springs and the Hotel Colorado at Glenwood Springs. town council has granted a franchise to the projectors of this scheme for laying a railroad track connecting the site of the hotel with the Kansas Pacific Railroad and for building an electric light and power plant. On the other hand, the town council has just passed an ordinance forbidding the establishing and maintenance of any insane asylum within the town limits. action was evoked by the establishing of a home for the treatment of nervous diseases in that town by Miss Luella M. Thomas, who has had experience in such work in the Colorado State Insane Asylum. The latter action of the council is productive of some attention and will probably be carried to the higher courts of the state for adjudication.

According to the verdict rendered in the county court of El Paso county, at Colorado Springs, February 11, Christian Science healers have the right to recover by law payment for their when they exercise services methods of either present or absent Mrs. J. Etta Buster, a Chrishealth. brought Science healer, tian against the estate of Eliza McDonald for \$210, and was awarded a judgment of \$85 by the jury. Possibly the jury felt that \$210 was a little too much to award for a supposed cause of death resulting from a supposed case of illness supposedly treated by a supposed individual having supposed supernatural power of restoring supposed health. would be better if it were only a supposed verdict.

The articles of incorporation for the Denver Emergency Hospital have been The building committee have been instructed to rent a suitable building in the central part of the city for Sufficient money has the first year. been donated to insure a successful beginning, and as soon as the building is selected the hospital will be equipped and ready for service. Much interest has been shown and the hearty good will and co-operation of the public has been greatly manifested. The medical staff will not be selected until the hospital is started.

Dr. Stephen Neuman, a graduate of the Imperial University at St. Vladimir of Kief, Russia, died at the home of his son, Dr. Daniel Neuman, in Steamboat Springs, Colo. Dr. Neuman comes of a family of physicians, his grandfather, Henry Neuman, having accompanied Napoleon Bonaparte from Russia to France in 1812 as physician to the army with rank of general. His father, Dr. Jacques Neuman, held the position of physician in the Russian army, taking part in the Polish, Turkish and Hungarian wars. Dr. Stephen Neuman was also a military surgeon in the Russian army, having rank as general, and took part in the Crimean war. He came to America in 1886, located shortly in New York, and then came to Denver.

In Connecticut patients suffering from alcoholism or narcotism may legally commit themselves to a sanatorium for treatment for any length of time, not exceeding a year. Chapter 230, Section 3690 of the general rules of Connecticut reads as follows: The managers and trustees of any inebriate asylum established by the laws of this state may receive any inebriate or dipsomaniac who shall apply to be received in such an asylum, retain him one year and treat him in the same manner as if committed by the probate court.

Will B. Davis, M. D., of Pueblo, Colo., is spending quite a vacation in Guadalajara, Mexico, basking in perpetual sunshine. He does not expect to return until April. He writes that he is taking rest and recreation and does not even read medical journals, think of medicine or care to take or give physic while there. True he sometimes feels as though he would like to use a scapel on some of the natives and not be over particular as to whether it was aseptic or not.

A sanatorium to cost about \$35,000 is to be erected by the Society of Mercy at Silverton City, N. M. It is to be upon the plan of the California Mission. The building is one room in depth surrounded by a court. This will give plenty of porch room, so that the patients may be out at all times and yet be protected in all kinds of weather.

The members of the Brotherhood of Locomotive Firemen have been very much exercised at he action of the surgeon-in-chief of the Denver & Rio Grande Railroad in dismissing the surgeon at Salida and have taken formal action in the matter, passing strong resolutions on that subject.

A Brooklyn physician by the name of James E. Russell has created some sensation by offering himself as the subject for vivisection. Whether or not his offer was made with the purpose of creating a sensation is somewhat questioned, but there is not much question that this will be the only effect produced. One of the lay papers headed an article on this subject with the question, "Won't somebody vivisect Russell." We hope somebody will, but probably shall be disappointed.

The Samuel D. Gross prize of \$1,000 has been awarded to Dr. Robert W. Dawbarn of New York City for the surgical treatment of cancer by ligation of the carotids on both sides of the neck, thus cutting off by far a large portion of the blood supply of the head.

Miss J. Meusser of Durango, Colo., and Dr.W. M. Woods of Trinidad, Colo., were married in Denver, January 24. Both of them are well known to the profession, Miss Meusser being a graduate of the Colorado Training School for Nurses, and Dr. Woods of the Gross Medical College. We are sure that their many friends are most hearty in their congratulations.

The Pullman porters running into and out of Denver, Colo., are being vaccinated under an order from the Denver Health Department.

Rockefeller has given one million dollars for the equipment of the medical school of Harvard University. A peculiar condition has existed in Ogden, Utah. The mayor of the city came to the conclusion that a case reported by the medical authorities as small-pox was not such and violated a quarantine established by the health officers. A conflict of authority immediately resulted and the health officers attempted to have the mayor arrested, but were not successful, the city attorney being of the opinion that the laws were not adequate to cover such a case.

The regulations of the Colorado State Board of Health require the filing of death certificates with the county clerk. In the county of Pueblo, the county clerk has attempted to collect a fee for such filing, although that is not done in any other portions of the state. The matter is a subject of adjustment between the county clerk and the State Board of Health.

The American Gynaecological and Obstetrical Journal ceased publication with the number for December, 1901. We regret to miss it from our files as it was one of the representative publications of America.

At the last meeting of the Las Animas County Medical Society, held February 7, Dr. D. F. Dayton presented a paper on headache. This was followed by a general discussion.

The trainmen of the Northwestern Pacific Railroad have been receiving instructions upon first aid to the injured from Dr. Hugh L. Taylor of Colorado.

During the month of January there were 220 deaths in Denver as compared with 310 in the corresponding month of last year. Of these 126 were males, compared with 188 in 1901, and 94 females, as compared with 123 in 1901. Estimated on the basis of a population of 150,000, the death rate per thousand is 17.60, contrasted with 24.88 in 1901. Only two cases from consumption contracted in Colorado were reported, and 42 contracted elsewhere.

The Ohio House of Representatives has passed a bill providing that a parent or guardian who shall wilfully deprive any sick children under the age of 16 years of the services of a physician shall be fined from \$10 to \$100, or imprisoned for six months, or both. This bill is aimed at the Christian Scientists.

Health Commissioner Clough of Denver is getting after the manufacturers of mattresses, blankets and comforts who make use of rags and shoddy wool. In the future these articles are not to be imported into the state.

The agitation for the isolation of consumptives is making itself felt in New York. Thirty such patients have been removed from Bellevue Hospital to a pavilion of the Metropolitan Hospital on Blackwell island.

Dr. D. T. Nichols, a young physician of Cheyenne, Wyo., has been appointed house surgeon to the St. Luke's Hospital of Denver.

At the last meeting of the Las Animas Board of County Commissioners they selected Dr. S. L. Blair, vice A. K. Carmichael as county physician. This places both the city and county physicianship in the hands of the homeopaths.

Dr. N. W. Bellrose of Eaton, Colo., is evidently prospering. He is erecting a new business block of pressed brick in that town, the upper half of which will be devoted to offices.

Dr. Samuel A. Bonesteel, one of the prominent physicians of Denver, died of pneumonia January 29. He had for some time been a sufferer from diabetes.

Three sons, with the combined weight of twenty-one pounds, were born to Mrs. Rosario Mestas at Salt Creek, near Pueblo, Colo., January 27.

It is said that a sanatorium to cost somewhere near \$10,000 is to be built at Raton, N. M. It is to have a capacity of 150 patients.

San Raphael Hospital of Trinidad is making improvements by reconstructing its operating room.

Dr. John Grass and wife of Trinidad have gone to California for an extended visit on account of the latter's health.

It is reported that the hotel keepers of the Riveria have decided not to accept consumptives in the future.

BOOK REVIEWS.

THE STANDARD MEDICAL DIRECTORY OF NORTH AMERICA, consisting of Twelve Parts, including Directory of Physicians of North America, Medical Colleges, Medical Service of the United States, Medical Societies, Medical Practice Acts, Medical Publications (including Books and Periodicals), Mineral Springs, Drugs and Medicines, Medical and Surgical Products, Manufacturers and Life Insurance Companies. Handsomely bound in red buckram, 824 pages, imperial octavo. Price, \$10.00. G. P. Engelhard & Co., Chicago.

One who has never made use of a directory for physicians scarcely knows what has been lacking in his library. It is like the telephone and the telegraph, the greater one's acquaintance with it the greater the need he feels and the greater convenience he finds it to be. This will certainly prove true of the Standard Medical Directory of North America. It contains a great deal of very valuable information.

It is divided into twelve parts. The medical colleges of North America and historical а sketch of each. Part 2. Directory Physicians of North This portion is, of course, arranged alphabetically according to states, alphabetically according to towns and cities and alphabetically according to individuals, with a considerable amount of information as to the year of graduation, colleges from which graduated, school of practice, etc. Part 3 contains information regarding the medical service of the United States, the medical corps of the United States army, volunteer surgeons of the United States army, medical corps of United States navy, officers of the United States Marine Hospital Service, and pension examining surgeons of the United States. Part 4 contains a list of the medical societies and so far as possible their officers. Part 5 gives the medical laws of the various states of the United States and Canada, together with the personnel of the state board of health and the state boards of medical Part 6 gives a classified examiners. list of medical publications, medical periodicals and medical libraries. Part 7 gives similar information with reference to hospitals and sanitaria. In Part 8 the various mineral springs of the United States are listed, together with their locations. In Part 9 we have a list of various medical productions prepared in the United States, together with their use, properties, form of administration and average or usual dose. Part 10 is a directory of medical and surgical products and the firms manufacturing the same. Part II is a classified index of manufacturers and Part 12 of the life insurance companies and fraternal and assessment organizations of this country.

From the foregoing description that a vast amount of information is contained between the covers of this work is shown. It being the first edition, of course it is not without mistakes,

but these will undoubtedly be corrected in future issues.

THE DIAGNOSIS OF NERVOUS AND MENTAL DISEASES. By Howell T. Pershing, M. Sc., M. D., Professor of Nervous and Mental Diseases in the University of Denver; Neurologist to St. Luke's Hospital; Consultant in Nervous and Mental Diseases to the Arapahoe County Hospital: Member of the American Neurological Association. Illustrated. 12 mo. Published by P. Blakiston's Son & Co., 1012 Walnut street, Philadelphia. 1901. Price, in cloth, \$1.25 net.

The two hundred and odd pages of this small volume have been reviewed with pleasure and profit. In the foreword the author states as the special object in view, his desire "to facilitate the recognition of nervous and mental diseases by physicians who are not specialists in neurology." That the work will accomplish this aim for such of the profession as will carefully study its contents, especially in reference to nice distinctions in differential diagnosis, is certain. The book, however, will do more. It can materially help the neurologist as well. One of international reputation said several years ago that he possessed neither the ability nor the willingness to memorize the numerous schemes of localization areas which have been worked out for brain, cord and peripheral distribution of nerves. He made constant use of aids in this The usefulness, therefore, of matter. a handy ready reference to any physician without regard to class is ob-

vious, whereas in this instance a vast number of facts which may be found scattered throughout a considerable library upon mental and nervous diseases, is assembled and recorded within comparatively few pages. Hints upon the examination of the patient, including the greater need than in visceral disease for study of the psychic element, easily discovers the neurologist, but no more than does the careful analysis of various forms of pathological gait, of the ataxias, the paralyses, etc. are separate short chapters on Recognition of Organic Disease, Principles of Brain Localization, Symptoms of Hysteria and Diagnosis of Neuras-The remaining portion and more than one-half the book is devoted to tables of diagnosis for both cerebral and spinal diseases and to important general symptoms such as pains of the nervous system, ataxia, tremor, etc. The author has penned the text in a simple and clear style. Altogether the book is most satisfactory and is recommended as a serviceable addition to the library of any physician.

B. OETTINGER, M. D.

A System of Physiologic Therapeutics. A Practical Exposition of the Methods, Other than Drug-Giving, Useful in the Prevention of Disease and in the Treatment of the Sick. Edited by Solomon Solis Cohen, A. M., M. D., Professor of Medicine and Therapeutics in the Philadelphia Polyclinic; Lecturer on Clinical Medicine at Jefferson Medical College; Physician to the Philadelphia Hospital, etc. Volume III—Clima-

Health Resorts, Mineral Springs. By F. Parkes Weber, M. A., M. D., F. R. C. P. (Lond.) Physician to the German Hospital Dalston; Assistant Physician North London Hospital for Consumption, With the Collaboration for America of Guv Hinsdale, A. M., M. D., Secretary of the American Climatological Association, etc. books. Book I: Principles of Climatotherapy; Ocean Voyages; Mediterranean, European and **British** Health Resorts. Book II: Mineral Springs. Therapeutics, etc. trated with maps. Price for the complete set, \$22.00 net.

As to the general character of the set of which these volumes are recent additions, we have already commended favorably. They fill a vacancy usually unoccupied in the libraries of most physicians and one which should certainly not be left in that condition. We have had opportunity on several occasions to criticize works on climatology, and it is seldom that we can give as favorable an opinion as we can of this.

In the first volume we find first considered the general subject of climatotherapy. In Part 1 is taken up the subjects of physics, physiology and general therapeutics of climate. The elements of the subject are discussed briefly, but clearly, the various factors entering into the determination of the effects of climate, being each given their proper weight. The effect which they have on the various physiological and pathological conditions which we may be expected to know and take into consideration for the treatment of our in-

dividual cases, are properly described. The principles which determine their application are delineated.

Part 2 takes up the description of the health resorts. The first chapter under this head treats of ocean climates and sea voyages, giving a description of the different routes of travel from England and from America. These descriptions cannot fail to be of value in the selection of suitable journeys for those patients for whom they are indicated. It also takes up the subject of ocean climates and their effects, with the indications and contra-indications. Then follows a detailed description of the various health resorts of Europe according to their geological and climatic distribution. Here we have the individual resorts described, together with a short statement of the particular diseases for which they have a special reputation and the advantages of sending such cases to these places. In this work as well as in the previous ones of the series the plan of emphasizing special subjects by using heavy faced type is carried out and serves to increase the usefulness of the book. The subject of varying altitudes and the different climatic elements which exercise a predominant influence in different localities is well treated. We find also presented the various social and other features in addition to the climatic and geographical factors which have so important an influence on the welfare of the patient. The various special cures, such as the milk cure and the grape cure, incident to certain localities are not overlooked.

In the second volume the description

of the health resorts is continued, those of Africa, Asia, the Pacific Ocean, South America and North America being described in turn. This second section of the work forms an invaluable index of localities for accurately graded climatic treatment of all the affections which are influenced in that way. No work within our knowledge gives such an amount of recent information on this subject.

Part 3 takes up the subject of climatotherapeutics itself. In Section 1 the general principles which underlie the general management of patients at health resorts are laid own. This is followed by a chapter on the selection of the particular health resort for the individual patient. Then there are taken seriatim under the heading of special therapeutics the various individual diseases which are benefited or injured by climate. Considerable stress is laid in various portions of the work on the necessity of patients continuing under physician's observation; on the fallacy of the view, which has such great prevalence, that patients advised to change climates for their disease may be safely turned loose to their own devices and their own resources. This is intoned more than once and too great stress cannot be laid upon it.

The work is illustrated with numerous maps and charts which are deserving of careful study, and without it a descriptive treatment of the subject may be more or less unsatisfactory.

Taken altogether, these two volumes serve to enhance the already favorable reputation established for the series, and to impress one with a comprehension of the subject of physiological therapeutics, which he is otherwise liable to miss.

A TREATISE ON MENTAL SCIENCE. By Henry J. Berkley, M. D., Clinical Professor of Psychiatry the Johns Hopkins University; Chief Visiting. Physician to the City Insane Asylum, Baltimore. D. Appleton & Co., New York. 1900. 575 pages. Illustrated. The author is a new one to a field that in recent years has been entered upon by so few Americans that every publication pertaining to it represents a noteworthy occurrence. **Treatment** of the subject matter is divided into several sections, the first one hundred pages being devoted to an exhaustive review of our knowledge concerning normal and pathological histology of the brain. The author in this not only gives up to date information upon a subject not usually included in general text-books upon psychiatry, but reflects herein as well the desire of our time to recognize morbid mental phenomena in the light of exact physical change. One is impressed by the fact that the author speaks with full knowledge of points established or as yet disputed in this field, and that his own original work as well as reflection upon that of others, entitles him to speak with authority. It is true that the relation between present day cytology and the general phenomena of mental disease is yet a distant one, a fact indeed noted in the text, but the effort to further the establishment of a rational basis for the pathology of insanity can only be commended. Objective treatment of the

subject in hand is further evidenced by consideration of etiological factors of this nature. Age, sex, nationality, etc., are taken up in turn, the usual attempt. however, to analyze normal and pathological brain functions psychologically is eliminated. Delusions. hallucinations and illusions are discussed under the head of general symtomotology and in reference to them we note that the author calls attention to the fact that hallucination, like illusion, "has primarily an external cause at some recent or distant period," and therefore limits his conception of delusions to the perverted central elaboration of peripheral stimulation. We believe there can be no objection to this limited use of the term delusion, so long as it be done consistently and the reader knows of it. In the presence, however, of its more common employment to express this idea and also as an equivalent of illusion and hallucination. the matter would at present be difficult.

In the matter of classification the author has followed on main lines that of Krafft Ebing, preferring to do this, as he says, than to add to the further confusion of nomenclature that now He wisely does away with some of the many subheads which are recognized by the authority named, and also enlarges profitably upon the class of intoxication insanities. Unquestionably the adoption of Krafft Ebing's arrangement of mental diseases carries with it unavoidable difficulties. numerous symtomatic subdivisions would appear to demand almost, for its adequate support, also its originator's

power to describe clinical detail and his ability to establish differential diagnosis based not only upon the latter but also upon analyses of varied morbid evolution. It is therefore saying much to state that the author electing to follow the Vienna alienist's classification. has evolved some good clinical pictures. Once or twice one may recognize the tendency to lean heavily upon some favorite German authority, but the effect is soon dissipated by individual impress. Facts established in reference to the urine and blood in insanity are amply noted, also those as to postmortem findings, the subject matter altogether in fact being handled so as to bring the reader practically abreast of recent developments in the science of psychiatry. Treatment, it is a pleasure to note, is given full and very satisfactory consideration. There is a separate chapter on the psychoses of children, and an appended one which discusses neuropathic conditions in the tropics.

The volume is printed in large, clear type and offers good illustrations. Especially excellent are the plates devoted to pathological brain histology and to palatal casts. In the full index which is added, sub-topics have unfortunately been printed in the same style of type as main subjects. This is confusing. The publishers will add to the book's usefulness by correcting this defect. As an aid to the study of mental disease, the work will no doubt receive substantial recognition by students of this branch of medical science.

B. OETTINGER, M. D.

772

M49 Table of Contents on Advertising Page 3.

Do you read the Advertising Pages? If not you are missing something good.



THE COLORADO MEDICAL JOURNAL 133 West Colfax Ave., Denver, Colorado.

WM. N. BEGGS, A. B., M. D., ALLISON DRAKE, Ph. D., M. D.,

Editor and Publisher
Associate Editor

Entered at the Postoffice at Denver, Colorado, as second class matter.

THERE IS ONE MERGURIAL AND ONE ONLY

WHICH, WHILE PRODUCING FULL ALTERATIVE EFFECT, WILL SIMULTANEOUSLY STIMULATE THE APPETITE AND INCREASE THE WEIGHT OF THE PATIENT.

THAT ONE 18 MERCAURO

AND YOUR PATIENTS DON'T KNOW HOW TO USE IT UNLESS YOU TELL THEN

WE NEVER DO

CHAS. ROOME PARMELE CO., NEW YORK

Digitized by Google

Typhoid La Grippe Tuberculosis

and all diseases arising from impoverished blood and a depleted physical condition demand the most efficient

NUTRITION

The patient MUST have a new and continuous supply of all the vital elements in which the blood is deficient.

Introduce in all such cases LIVE BLOOD. All the leading and most successful practitioners to-day are using

BOVININE

It is LIVE, defibrinated arterial blood. It is preserved by cold process and sterilized. It retains all the vital and nutritive elements. It contains 20 per cent of coagulable albumen. It is a fluid food, pure and simple. It aids digestion, and is promptly assimilated. It is to a large extent directly absorbed. It sustains and stimulates the heart. It renders cardiac stimulants unnecessary.

THE BOVININE CO.,
75 West Houston St., New York.

It is a powerful aid to all forms of medication.

LEEMING, MILES & CO., Sole Agents for the Dominion of Canada.

THE COLORADO MEDICAL JOURNAL

...AND..

WESTERN MEDICAL AND SURGICAL GAZETTE

A Scientific Medical Journal, Published in the Interest of the Profession of Colorado and Adjoining States—A Journal of Science, of News and of Medical Lore.

Vol. VIII.

DENVER, COLORADO, APRIL, 1902.

No. 4

ORIGINAL COMMUNICATIONS.

The Treatment of Relapsed and Inveterate Club-Foot.

By GEORGE B. PACKARD, M. D., DENVER, COLO.

The variety of talipes called equinovarus is popularly known as club-foot, and the one that most taxes our resources. The literature of the subject is, as a rule, of unvarying success. And yet we constantly meet in practice imperfect results due either to relapse or imperfect correction. Evidently the methods of successful treatment are not universally understood. Were more written on the difficulties of treatment and the cause of failure, the literature would be much more complete.

The treatment of an ordinary case of talipes equino-varus, instituted soon after birth, seems a very simple matter, and it is, on account of the cartilaginous condition of the bones of the tarsus. Yet if the case is kept under observation for several years, there are apt to be obstacles to overcome and annoyances in locomotion that will give rise to a great deal of anxiety, depending

upon how completely the deformity was corrected and how thoroughly the foot has been retained in the new position.

It is not necessary to give a detailed account of the pathological anatomy of club-foot, as that is generally well understood, but, briefly expressed, there is a distortion of the bones and shortening of the ligaments, fascia, tendons and skin. The four bones that form the medio-tarsal joint, viz., the astragalus, os calcis, scaphoid and cuboid—are either distorted or misplaced. The neck of the astragalus and anterior facet are inclined inward and as a result the anterior portion of the foot is markedly inverted.

The os calcis is rotated on its vertical axis in proportion to the severity of the case, the anterior extremity being directed outward, and the posterior extremity inward. It also approaches the

vertical position. The cuboid, following the direction of the anterior part of the foot, articulates with the inner side of the anterior extremity of the os calcis, and consequently is very difficult to correct in those cases where the distortion of the os calcis is well marked. while the scaphoid, which is inclined inward, is easily corrected as the position is caused by the bend in the neck of the astragalus—a very different condition to that existing between the os calcis and cuboid. The peculiar distortion of the os calcis probably has not received sufficient attention in the past in the treatment of club-foot, either in correcting or retaining the foot in position after correction. We are apt to think of the anterior extremity of the os calcis as taking the same direction as the neck of the astragalus which has been taught by some teachers in the past.

The cases that I want especially to call attention to are those that have been treated perhaps for several years unsuccessfully, where serious defects remain after what we, ourselves, had thought were complete cures, and also those cases that have not been treated during early childhood. The majority of these cases will not yield to the ordinary treatment that is successful during the first two or three years of Forcible correction under ether, subcutaneous tenotomy, fixation for a while with plaster and a retentive shoe are generally sufficient in the early cases to bring about a good result if carefully looked after for a reasonable When it is found that the foregoing method does not correct the foot a great variety of operations have been advised. Many of these procedures have been found unsatisfactory and too mutilating.

Among those most employed are: The open incision of Phelps; linear osteotomy of the neck of the astragalus: wedge-shape tarsectomy and enucleation of the astragalus. Of these the method of open incision so strongly recommended by Dr. Phelps of New York appeals to me as the most rational and I believe will be found in the great majority of resistant cases to be sufficient to overcome the deformity, especially when supplemented by stretcher of considerable force. may not have at hand as powerful a machine as Dr. Phelps used, but an ordinary club-foot stretcher with key and ratchet will generally be found sufficient to complete the correction.

The following resistant cases were treated by the writer by this method:

Case I.—A boy aged nine years. Equino-varus, high degree, marked inversion; walked on outer side of foot, heel elevated. Had been treated constantly from infancy by various braces and subcutaneous tenotomies. Was under my care for several months, during which time I resorted to extreme force under ether, subcutaneous division of tendons and fascia followed by apparatus. I could not correct the deformity by these means.

In September, 1898, I made an incision beginning in front of the internal malleolus and extending one-fourth the distance across the foot, this incision being over the head of the astragalus. I then divided the plantar fascia, ab-

ductor hallucis muscle and the tendon of the tibialis posticus muscle, flexor brevis digitorum and tendons of the long flexors. Force was used after the division of each of these shortened tissues, but as the foot did not come into position I then divided the anterior part of the deltoid ligament and the inferior calcaneo-scaphoid ligament, both which exert a powerful influence in keeping up a cramped position of the inner border of the foot as they form a strong bond of union between the malleolus and scaphoid and the os calcis and scaphoid. It was also found necessary to divide some of the inner fibers of the calcaneo-cuboid ligament. foot was then placed in position and in doing so the scaphoid was pulled forward and the astragalo-scaphoid joint was somewhat separated. The tendo Achilles was divided before the open incision in this case. As a rule I prefer to divide it after the open incision.

The dressing consisted of Lister's protective aseptic gauze, cotton and plaster of paris bandage. The wound was entirely healed in five weeks. A retentive brace was then applied and the patient allowed to walk. The foot was in perfect position and there has been no tendency to relapse after a period of nearly three years.

Case 2.—Male, aged five. Although this case was comparatively young the foot was extremely rigid and various unsuccessful attempts had been made at correction since birth. Large bursæ had developed on dorsum of foot over cuboid and base of the fifth metatarsal, which was the walking surface of the foot.

An incision was made and similar

structures divided as in the preceding case. A great deal of force was used by the club-foot shoe and after the tendo-Achilles was divided the foot was over-corrected and the usual dressing applied. The wound healed satisfactorily and the retentive brace was applied. Over a year has elapsed since the operation and there has been no tendency to relapse.

Case 3.—Female, aged fifteen years. Position and condition that of severe talipes equino-varus. Mother was very much discouraged about treatment as all attempts at correction of the deformity had failed. However, she finally consented to have an operation performed, and I made an open incision and divided the resisting tissues as in the preceding cases. The tendo-Achilles was divided and the foot thoroughly stretched by apparatus. I was then able to get the foot into an overcorrected position. The wound healed in the usual time and there was no relapse at the end of three months, the last time I saw the patient.

It seems to me that it is better not to use the Esmarch bandage as there is little hemorrhage during the operation unless the internal plantar artery is divided, and the oozing is much less troublesome after the operation. As the various structures are divided on a director we can generally avoid the internal plantar artery and nerve. If, however, the nerve stretches across the gaping wound it is better to divide it, although some numbness would follow.

All of these cases were extremely resistant to treatment. I am sure none of them could have been completely corrected by subcutaneous tenotomy

and mechanical treatment. They all yielded readily to this method.

It has been said in criticism of this operation that it is unnecessary in the milder cases and is insufficient in the severe cases. After a little experience with this method I think one feels that this criticism is unjust. It has also been said that a sensitive scar with a tendency to contract is apt to follow. While it may be true in some cases for a short time, I think it is of little importance and is soon unnoticed by the patient.

In exceptional cases the division of the soft structures is not sufficient to allow the foot to come into a correct position on account of the more marked bone distortion. The obliquity of the neck of the astragalus and the distortion of the head of the os calcis by a rotation of this bone upon its vertical axis are the two factors that obstruct the return of the anterior part of the foot to a normal position.

It is only rarely that these distortions prevent the foot from being corrected in these resistant cases. In the few exceptional instances, however, the indications are very plain, viz., in the first place to divide the neck of the astragalus by an osteotome through the open incision already made to divide the inferior calcaneo-scaphoid ligament and separate the astragalo-scaphoid joint as The space eviwas done in Case 1. dently fills in with fibrous tissue and does not prevent motion at this point. Either procedure will be sufficient to bring around the foot unless the os calcis is so distorted as to prevent the cuboid from being forced into position; in the latter case it is better to remove a wedge-shaped piece of bone from the outer side of the os calcis. This should be done back of the cartilage which will not disturb the medio-tarsal joint. If one is careful this can easily be done in the anterior extremity of the os calcis without cutting into the sustentaculum tali on the inner side.

It will rarely be necessary to remove the astragalus or a part of it for the equinus feature when the neck of the astragalus and os calcis has been divided in a proper plane. For the latter procedure, in addition to the open incision, will correct the equinus as well as the varus in the most stubborn cases. Yet in cases where the astragalus is so deformed as to become a foreign body, and where it completely prevents flexion from its shape and size, it may be better to remove it or its anterior part. But I think this operation is very rarely necessary and the later effects are not as satisfactory as has been supposed. Flat-foot and badly shaped feet are apt to follow.

It is very important in operating upon club-foot not to mutilate the foot in a way that will cause rigidity after recovery.

It would seem from the experience of Dr. Phelps that bone operations were rarely required. In his recent article in *American Medicine* he says he has operated on 1,650 cases. There were performed 17 bone operations, including linear osteotomies, cuneiform resections and removal of cuboid and scaphoid bones. In other words, Dr. Phelps has only found it necessary to perform 17 bone operations in operating

on 1,650 cases, and most of the cases occurred during his first few years of experience with the operation of open incision.

In an article read before the Orthopedic Association a few years ago by H. Augustus Wilson of Philadelphia on bone operations for correction of club-foot based upon an analysis of 435 operations, many interesting facts are recorded. Over 50 per cent. were operated upon prior to the age of ten years. About 30 per cent. prior to the age of six years and about 9 per cent. under two years. He remarks: "I have been unable to ascertain the grounds for selecting bone operations in preference to other well-known and equally reliable procedures prior to the age of eight and twelve, at which time it is presumed that the bones of the foot are firmly ossified and unvielding." In more than one-third of the cases the astragalus was the only bone removed. In nearly two-thirds of the case the astragalus with one of the other bones of the tarsus was removed entirely or in part."

He further remarks: "The very extensive amount of bone removed in so many of the cases here recorded would seem to more clearly indicate the necessity for resorting to other measures to which Phelps has so ably drawn attention before attempting correction by removal of bone. To my mind the percentage of cases suitable for bone excision is extremely small." This is emphasized by quoting from personal letters obtained in the couse of his efforts to obtain these statistics, and from Prof. A. Lorenz, Dr. W. J. Little, Dr. Nicholas Senn, Dr. B. E. McKenzie, Dr. Lewis A. Sayre, Reginald H. Sayre and many others who have done extensive work in club-foot. Notwithstanding so many cases of bone operation were reported, it was surprising to learn through their letters how few bone operations had been performed by suregons eminent in this department.

With the few exceptions referred to I think the open incision of Dr. Phelps' best fulfills the indications for treatment in these resistant cases of clubfoot, and it has the great advantage of safety, the mortality being practically nothing and the resulting foot is more shapely, not having been shortened by the removal of bone but really lengthened by straightening out the inner border and the mobility of the foot is not restricted as the articulations are left intact.

History of the Women Practitioners of Colorado.*

By MINNIE C. T. LOVE, M. D., DENVER, COLO.

The history of the women practitioners of the state is a tale that is soon

told. Previous to 1881, when registration began, there were but three or

^{*}Contribution to the Report of the Com mittee on History of Medicine, presented to the Colorado State Medical Society, June 18-20, 1901.

four who had braved the wilds of the West. Dr. Avery was probably about the first, if not the first, woman to practice regular medicine in the state and territory, coming here early in the The first record I find of seventies. any mention of the existence of the then anomalous being known as the woman doctor is in the minutes of the State Medical Society. At the seventh annual meeting of the society, which was its first meeting as a state society, Dr. Parker moved that Drs. H. A. Lemen and Steele be appointed as a committee of two to report on the subject of practice of medicine by females and their recognition by the medical profession of Colorado. The motion carried. Dr. Buckingham then made the following motion: That all female physicians in Denver, who had been regularly educated in the science of medicine, are hereby invited to attend our meeting and to participate in the proceedings. This motion, after full discussion, was finally laid on the table by a vote of 10 to 4.

The committee appointed to report on Dr. Parker's motion reported as follows:

"Mr. President—Your committee appointed to report on the propriety of admitting female practitioners, graduates of crthodox medical colleges, to fellowship in consultation and membership in this society, have the honor to report that this question can be alone decided by a vote of the members of the society."

In the minutes no further mention of the subject occurs.

At the following meeting, 1878, the

committee on admission reported that Miss Avery, M. D., endorsed by Dr. McBeth, could not be recommended as she was not a member of a local society. The early records of the County Society show that a Miss ———— was refused admission because of unethical conduct. In 1881 Dr. Mary Barker Bates, Drs. Root, Anderson and Avery were admitted to the County Society.

Dr. Eleanor Lawney was graduated by the Denver University in 1887 and bears the honor of being the first woman to be graduated in this state. The following year Gross Medical College graduated Dr. Marquette. In 1888 Dr. Rilla Hay of Pueblo was admitted to membership in the State Medical Society.

In 1887 the county societies became auxiliary to the state.

Probably the first public recognition of woman in the practice of medicine in the state was the appointment of Dr. Mary Barker Bates to the staff of the Women's and Children's Hospital about 1885. Dr. Eleanor Lawney served upon St. Luke's staff in obstetrics during the years 1889 and 1890.

The decade just closed has witnessed the advancement of women in medicine to a fairly satisfactory degree. All the medical schools of the state matriculate and graduate young women upon the same terms as young men.

Following the good example set by the two hospitals previously mentioned, the following institutions are recognizing women as members of their working staffs: The Florence Crittenton Home, since its organization, has appointed only women on its staff. Owing to the peculiar needs of the work, it is thought best by the Executive Board to have the visiting staff composed entirely of women. One interne has been required each year for about three years, and it has afforded exceptionally good training for the young women who have served in that capacity. The work of the home covers from twenty-five to thirty maternity cases yearly, besides specific diseases of women, and especially the feeding of infants. During the past six years the Cottage Home staff has been equally divided between men and women.

The Deaconess Home appoints women upon the staff.

Other charitable institutions recognizing women physicians are Mothers' and Children's Hospital, Denver: the W. C. T. U. Mission maintains a dispensary for women and children, the staff being entirely women physicians; the Flower Mission medical staff. Denver, and the State Home for Girls. This institution also recognizes the fact that women should attend to women, and has never had a man in its service except for special consultation. work and in National Jewish Hospital for Consumptives, from the date of organization, has recognized women upon the staff.

When the State Hospital for the Insane was reorganized two years ago, provision was made for the employment of a resident woman physician. Although Colorado was late in falling into line in this respect, as Eastern hospitals have employed women for very many years, we are glad that we

are now up to date in that particular.

During the eighties, Dr. Hay of Pueblo was appointed as consultant on the hospital staff of the asylum. Pueblo county also established a precedent by appointing twice a woman as county physician.

During Dr. Munn's incumbency as health commissioner of Denver women were employed as medical inspectors. The present health commissioner is appointing, among others, women as inspectors of the public schools. are undoubtedly many philanthropic movements throughout the state which have recognized women as professional workers, but I have been unable to learn of them all. While there are no women who are entitled to be called "professors," there are several lecturing in the medical schools of the state. As clinical assistants they seem to be appreciated, although I know of no clinics conducted solely by women for women, in any of the medical schools.

The Arapahoe County Hospital is, I believe, the only hospital where women are admitted as internes upon the same terms as men. Hospital training goes far towards establishing confidence and overcoming the natural timidity of women; and it is to be hoped that soon all hospitals will receive them.

I presume women are eligible to membership in all of the medical societies of the state. The members of the State Medical Society have more than atoned for their early coolness toward women, by electing them to office. Three times the third vice presidency has been filled by women, Dr. Laura Liebhardt and Dr. Mary Bates, and during the past six consecutive years your recording secretary has been a woman, Dr. Liebhardt for two years and your present secretary for four years.

About six years ago a Woman's Clinical Society was formed in Denver. Dr. Mary Barker Bates took the initiative in this movement, and the society was launched at Dr. Lawney's office with a membership of about fifteen. The American Medical Code was adhered to. The society meets bimonthly.

There is a growing conviction among women physicians of Denver that it is necessary for them to have a hospital under their absolute control, and the beginning is already made by the incorporation of a Women's and Children's Hospital, until sufficient funds are subscribed to carry on the work satisfactorily.

Of civic honors women have had a fair share. The writer, through accident, happened to be the first woman to be appointed a state officer in the After the passage of the bill conferring upon women the full right of suffrage, she was appointed on the State Board of Charities and Corrections and Pardons. Dr. Ida Beaver succeeded Dr. Love on these boards and Dr. Eleanor Lawney is serving a second term on the Board of Charities and Correction. The Board of Pardons was separated from the former board about five years ago. Dr. Barry of Pueblo, who was twice county physician

of that county, served one term in the state legislature. The writer has also the honor to be a member of the Board of Control of the State Home for Girls. Dr. Burr was superintendent of the State Home for Dependent Children for two or three years. Dr. Mary Barker Bates was twice elected to serve on the School Board of School District No. 2.

The records of the State Examining Board show that 106 women have been registered in the state since the bill regulating the practice of medicine in this state was passed, in 1881. are scattered throughout the state and are meeting with an encouraging amount of success. Their work ranks well with the young men who have graduated with them, and when one remembers that not centuries but decades represent the time that the profession has been open to women, we must surely feel encouraged. The magnificent impetus given to the higher education of women during the past ten years must result in the placing of women physicians everywhere in the foremost ranks of those who administer to the sick and suffering women and children of the world. While in a sense it may be true that there is no sex in medicine, modern progress is demanding women for women in all the diseases peculiar to her sex; and the two departments of the medical profession which the future will see closed to the male practitioner are those of obstetrics and gynecology.

SELECTED ARTICLE.

The Medical Profession as an Economic Factor.

(Editorial from The Medical World.)

I have been asked to write, for a proiected work to be called "The Economic Year Book," an article on the above subject. Let us stop and reflect a mo-Did we ever think of our profession as an economic factor, and of ourselves, each one, as an economic unit? We have alwas known that we play an important part in the great game called civilization, but we have seldom, if ever, thought of our economic relations to the other factors in the game. We have been too busy taking care of sick people (and too modest, also) to think much about ourselves. But whether we realize it or not, the fact remains that we have extensive and intricate relations with all classes of society. Civilization consists of relations and inter-relations among all the factors, making up society, and the more numerous the factors, and the more intricate the relations, the higher the degree of civilization.

In considering the medical profession as an economic factor, the first inquiry to make is that of numbers. I am acquainted with many lists, and I estimate, conservatively, that there are about 135,000 medical practitioners in the United States. Some might claim that there are eight or ten thousand more, but such list would include midwives and others who cannot, by the most liberal construction, be considered members of the medical profession. Others might favor a more restricted list, omitting the physio-medicals, many

of the eclectics, etc. But in considering the medical profession we must include all who contribute to its numbers-all respectable members of every legitimate school-all who have been educated for this kind of service, and who practice medicine for a living. To the best of my knowledge, 135,000* is both a liberal and a conservative estimate, if I may make this double, and somewhat contradictory claim, and each year now adds from 4,000 to 6,000 new recruits, scarcely more than half of whom, however, ever become real practitioners of medicine, in the sense that we are considering, and the death-roll claims its quota every year, not only from the aged, but from those in the prime of life as well.

INCOMES OF PHYSICIANS.

The next question in economics is. What is the income of each, or of all combined? This we must approach by separating the profession roughly into Knowing the trying conditions and vicissitudes of our brethren as some of us do, I think that those who have had opportunities of knowing will agree that about 100,000 of the physicians of this country receive an income of less than \$1,500 per year. This includes all the struggling beginners (most of us have painful recollections of the struggling stage), the income of many of whom is only \$500 or even less; and those at the other end

^{*}The sum total of the various lists in our office, eliminating duplications, amount to 137,608. But possibly there is some "dead wood" in some of these lists.

of their professional career, either voluntarily "letting go" or involuntarily "losing their grip," and those who, though mentally capable and in every way worthy, have not the knack of getting along, financially, in the practice, and also those who, though able, enterprising and alert, are beset by unfavorable conditions that they are in no way responsible for, as sharp competition, poverty of the people, etc. All of these classes are quite large; and many of us are, have been or will be, members of one or more of them. Considering all these classes, and others that might be mentioned, as those suffering from ill health or other misfortune, etc., it seems to me safe to estimate that 100,000 of the physicians of this country receive a yearly income of \$1,500 or less. This estimate, it seems to me, we can safely average at \$1,000 per year each.* Then here we have our first great economic fact: 100,000 times \$1,000 equals \$100,000,000. Ouite a showing for the "small fry" after all.

After passing this point, our problem

becomes more difficult. Who can sav how many of the remainder receive an income of from \$1,500 to \$2,500 per year from their practice? Many whose sun is beginning to set have done so. and many who are now struggling will do so; but the question is, what number of the remaining are doing so now? Many are "booking" that much or more; but the question is, how many are getting that much? Naturally this will be the next largest class, and we will put it at, say 20,000, and the average received by each at \$2,000. This class, then, receives \$40,000,000-almost half what the first class receives!

Financiers, "operators," speculators and exploiters may regard these individual incomes rather small: but they should remember that the masses of the medical profession are hard workers: they earn much more than they receive: they give a larger proportion of their time and services to charity, and to the cause of humanity and science, than any other class. Also, most of our worthy brethren live away from the large centers of population, scattered in towns, villages and hamlets, on the prairies, in Wherever humanity the wood-lands. has sought out an abiding place, there faithful physicians have followed, and are ready to serve. In these comparatively out-of-the-way places the expenses of living are very low compared to the expenses of city life. Rents are low, eatables are cheap, horse feed can be gotten usually from patrons not able to pay in cash, there is not so much "style" to keep up, and hence an incomeof \$1,000 or \$2,000 under these circumstances means a very different thing

^{*}Physicians in Germany.—From statistics issued recently by the Aertzlicher-Central-Anzeiger, it is shown that in Germany there is one physician to every 1,850 persons. The population has grown at the rate of 11½ per cent, but the doctors have multiplied at the rate of 63 per cent. For every 500 physicians who die yearly, there are 1,350 yearly graduated. Half of the physicians and surgeons of the German Empire earn a yearly income of less than 3,000 marks (\$714). According to Hirschwald's Medical Directory there are 27,039 medical men in Germany, which shows an increase of 10.7 per cent since 1897, whereas the increase of the population during the same period was 6.1 per cent. To every 10,000 of the population there are on an average 4.8 medical men, this varying from 12.22 in Berlin and 7.55 in Hamburg to 2.63 in Russia.—Amer. Med.

from what it would where all these conditions are reversed—and hence fees must be correspondingly low.

Now let us make another jump of \$1,000—incomes from \$2,500 to \$3,-500, averaging \$3,000. How many doctors are there in this class? have 15,000 left of the 135,000. we go up in the scale the classes will become smaller. Suppose we put 8,000 of our 15,000 into this class, and then pass on to the next. We pause to say, however, that \$3,000 per year in a moderate-sized town will keep a family very nicely, with some to spare for life insurance or investment. Indeed there are many practitioners in large cities who do not make so much.

We will make the next class of those whose income is between \$3,500 and \$7,000, averaging \$5,000. Now we are coming to the more fortunate classes of our profession-the medical aristocrats, as it were. Perhaps half the rural counties have one each, usually at the "county seat," or county capital. This would account for about 2,000, roughly estimated. The smaller cities have one or more each, and the larger cities have still more, particularly among the surgeons and specialists. Allowing 3,000 for the cities, large and small, we would have 5,000 altogether in this class.

We have only 2,000 left, with an income of more than \$7,000 per year. These we will have to allot to the cities almost entirely. Suppose we make a class of those receiving incomes from \$7,000 to \$15,000 per year, averaging \$10,000 and placing the number at 1,500.

This will leave us 500 receiving annual incomes from \$15,000 upward. I doubt if this fortunate class is larger than 500. I am sorry to say that there are few general practitioners in this class. General medicine does not bring the great rewards that specialism does. A few general practitioners who have the very wealthy for patrons can make a large income, but they are necessarily Surgeons, oculists, aurists, gynecologists and other specialists can charge large fees, even though the patients be not so very wealthy. say that unusual skill deserves unusual Others might say that partciular skill is so rare in any community (necessarily so because of limited facilities for obtaining it), that advantage is taken of the necessities of the patient. A popular specialist could afford to do his work for less money, but he does not need to, as patients flock to the popular one (and he is necessarily a hard and conscientious worker); hence the large income. Suppose we divide our remaining 500 men as follows:

200 receive \$20,000 each per year. 150 receive \$25,000 each per year. 100 receive \$30,000 each per year.

50 receive above \$30,000 each per year (average of latter say \$45.000).

This last 50 is a very interesting class. I wish we knew more about them. Philadelphia has possibly a dozen. Two recently lamented general practitioners—Pepper and Da Costa—probably belonged to this class. This, however, is unusual. It is said that Surgeon Keen has done a practice of from \$50,000 to \$75,000 per year, but

he does not care to do so much now. It is said that Surgeon John B. Deaver comes next-how close we do not know. Perhaps New York (the millionaire storm center), has a score or more of this interesting 50, and Boston, Chicago, St. Louis and other large cities have their quota. But my heart is with the first large class-those who go through storm and darkness, o'er lonely prairie and through woods, to serve humanity for a pittance, or perhaps for nothing at all, except the satisfaction that comes from bringing to suffering fellow beings the blessings of our beloved science.

But to come back again to sordid dollars, we will sum up as follows.

100,000	times	\$1,000	equals	\$100,000,000
20,000	times	2,000	equals	40,000,000
8,000	times	3,000	equals	24,000,000
5,000	times	5,000	equals	25,000,000
1.500	times	10,000	equals	15,000,000
200	times	20,000	equals	4,000,000
150	times	25,000	equals	3,750,000
100	times	30,000	equals	3,000,000
50	times	45,000	equals	2,250,000
Grand t	total .		- 	\$217,000,000

Here we have a great and important economic fact. The medical profession collects from the other members of society \$217,000,000 per year! This is for services only—medicines and appliances of all kinds are not included in this estimate. They belong to another part of the economic problem that we are now considering.

WHAT DO WE GIVE IN RETURN FOR \$217,000,000 PER YEAR?

For all this money we give nothing tangible in return—that is, we give no goods; our hands make nothing for society to consume. Then how can we justify this vast expenditure upon us?

Here we will have to go somewhat into intangible values. What is it worth to be relieved of pain? What is it worth to change the ashes of illness to the roses of health? What is it worth to change groans to laughter? to supplant despair with hope? What is it worth to be restored to health, happiness and usefulness? What is it worth to save an eye, or to save an arm, or to save a life by sacrificing an arm? What is it worth to have your loving child grasped from the dark valley and given back safely to your arms again? What is it worth to hear loved lips speak again, and to see the glow of health return to the idolized face?

The reply to these questions is, that such services are worth much more than is paid for them; indeed, their value is beyond computation. If life is worth living at all, as much of such services as may be needed, or as can be gotten, is in many instances as important as life itself; and the cost of the same is the best possible investment that can be made. The returns of such investment may not come in dividends nor interest, but in comfort, health, satisfaction, etc., the essentials for and by which we live.

As great and as incomputable in value as these services are, there is a coldly and materially computable side to our services to society. Recently I saw an item somewhere to the effect that in a certain English community a baby was estimated to be worth £5 (\$25) to the community. Then it is worth something to give safe birth (safe to both mother and child) to such baby. Also, it is worth something to

give the baby such attention during illness as will preserve its life. in the prime of life are the economic (productive) units of society. To save the life of one of these is a direct economic service to society: to lessen the days of illness is also as direct an economic service to society. Famine, war and pestilence are the three great arch enemies to society. The latter has been almost conquered by the medical profession. The value of this service alone in the past is well nigh beyond computation; and this service must be and is continued constantly. Our members are an army, 135,000 strong, distributed along all the lines of possible approach of the enemy (contagious diseases arise in our midst as well as threaten the frontier), and this army must be supported. To disband it would mean invasions of the most expensive and destructive kind. The flag must be kept flying—and rations must be forthcoming.

WHAT INVESTMENT FOR PREPARATION?

The basic economic consideration in any business is the investment required to start. This, with a doctor, is first the cost of his medical education. approaching this question we must at once appreciate its difficulty. We must first review the history of medical practice and of medical education in this country. In the early times when medical colleges were few and mostly or entirely in the East, and transportation facilities were crude, scarce and expensive, and when doctors were too few to meet the demands, many students read a while with a preceptor and then "blossomed out." Many of them afterward went to college, and many did not. How many of these are still "on deck," and figure in our 135,000? I can scarcely venture to guess; but one thing is certain: Their numbers are rapidly diminishing each year. I have no criticism to offer. They did their best in their time. We of the present have better conditions. Let us be thankful.

The next, a larger class, consists of the "one course men." Usually after some preliminary reading with a preceptor, with possibly some practice with him, these men attended one course of lectures at a medical college and then "hung out their shingle." Many more of these are still in our ranks than of the first class.

I feel convinced that our numbers are made up at present chiefly of the "two course men." Up to a comparatively recent time the average medical college education was made up of two courses of lectures, exactly alike, the first course men and the second course men being in the same class, listening to the same lectures, the only difference being that the second course men had heard these same lectures once before (how strange, how ridiculous); then an examination of the second course men (the first course men were not eligible), and graduation of those who passed—and in those days few were "plucked." Yes, we might as well face and admit the fact that the majority of the active practitioners of to-day, take the country over, received just such a medical education. Some have taken post-graduate courses since, but the majority have not, and will notcannot. But most of these men have

been and still are students, active and alert. They have made a fairly good record, and they are not a discredit to the profession of which they now make the larger integral part.

The last fifteen years have seen a wonderful change in medical education. A few of the older and bolder colleges required a three years' course, somewhat graded in some instances. This movement grew rapidly until the three years requirement became universal, and the grading was more carefully done. Now the four years requirement, with still more careful grading, is established in all the better grade of colleges. Post-graduate schools have also grown in number and patronage.

Now, with all the above before us. how shall we estimate the average cost of medical education to the members of our profession as the profession exists at the present time? The early to five courses were short—three months; now they are long—six to Tuition has also adnine months. vanced. The "general ticket" formerly cost from \$40 to \$75, the most expensive colleges charging \$140. Now the range is from \$50 to \$200, and more years. The accessory fees, for matriculation, practical anatomy, laboratory, graduation, etc., have not changed much, though there are more kinds of laboratory fees. Traveling, clothing, board and books are additional items. Shall we count a salary during the time consumed in preparation as a part of the cost of same? and if so, at what rate? You see our problem is not an easy one. While I have been writing these lines \$2,000 has been hovering in

I don't know why, for I my mind. have never tried estimating the items and putting them together-it would be hard to do. But what is the matter with "lumping" it at \$2,000? It is liberal when we consider all that has been said above: but it is conservative when we consider the medical education of today. If we adopt \$2,000 as the average cost of the medical education of our 135,000 we would have the following: 135,000 times \$2,000 equals \$270,000,-This represents investment in education, a few standard books. as a work on anatomy, chemistry, etc., being However, a doctor's education is never completed. Dr. J. G. Holland said that the success of a professional man depends upon the way he uses the first ten years after he enters the profession. If this is used mainly in close and systematic study, with the best possible use of the experience that comes to him in that time, it is very probable that during these first ten years he will lay the foundation for success in his profession. All that really belongs to the educational account. only during the first ten years, but during his .whole professional life the doctor should be a student, frequently courting his books and magazines by the midnight lamp. The farther we pursue the item of education, to measure its economic cost, the more difficult the problem becomes. So I guess we will have to leave it in this indefinite and unsatisfactory shape.

COST OF MEDICAL BOOKS AND PERIODI-CALS.

This item really belongs to the educational account, but it seems comparatively easy to measure it; and more for that reason than any other we separate it. Medical books and periodicals were never so good as now, and never so cheap, compared with their value. What is the value of the average doctor's li-The medical student upon graduation buys some books, but how many on an average? I think that \$50 would be rather an over-estimation, for the average medico doesn't have much money left by the time he gets his "sheepskin." Possibly he may spend \$50 for books during the first year—he ought to if he can. After the first year his yearly purchases of books must be averaged with that of the profession in This I think can be put at general. about \$10 or \$12. This will buy two or three new books. This seems small compared to the library and yearly purchases of the exceptional man, but we must consider all; and among them are the young men anxious but too poor to buy; and those too old to think it worth while to buy and read books (a great mistake); also the men who are too lazy to read (a great crime), or who think they "know it all" already and who continue to practice on their past reading and experience (also a crime). We will then consider \$50 as the average nucleus of a physician's library, with an addition of an average of \$10 per year. This will give the following showing:

135,000 times \$50 equals \$6,750,000. 135,000 times \$10 equals \$1,350,000.

This shows, approximately, the library side of the profession's working equipment. As to present value, the average yearly additions will not more

than maintain the original average value of \$50.

As to periodicals, they have come to be about as important a helper to the physician as his library. Medical periodicals exist in such great numbers and variety that every taste can be gratified-every need be met. I know of no investment so valuable to the physician as a well chosen list of medical There are scarcely any periodicals. published that are not well worth their price, and most of them are worth much more than the comparative trifle asked for them. Every physician should take (and pay promptly for) from four or five to a dozen, well selected according to his needs. But the melancholy fact is, that while there are perhaps still some doctors so benighted as to subscribe for no medical periodical (or who sponge their way on sample copies —they are usually called "sample copy fiends"), yet a larger class think that they are doing their full duty to themselves and to science by subscribing for only one. They are the men who will say: "I will stop taking the soand-so because I am going to take the so-and-so this year." Bless them, they should take both and more too: they are the men who need to reach out for every available assistance. May these two classes grow fewer and fewer each year. However, the great bulk of the active and successful practitioners are patrons of medical periodicals, and many of them are liberal patrons. But putting all classes together perhaps an average of \$5 each per year will give us as large a sum as we can at present allow for medical periodicals. This will give us:

*135,000 times \$5 equals \$675,000. INSTRUMENTS.

The next item in the equipment of the medical man that we will consider is

*I submitted this article to three of the largest medical publishing houses in this country and asked for criticisms or com-ments. The following replies were received:

Your favor of the 3rd is duly at hand, and we thank you for submitting your interesting article in advance of publication.

It is very difficult to estimate with any degree of accuracy the annual purchases or medical students and practitioners; we think, however, you have over stated, both in books and periodicals. In books the amount is less than \$1,250,000, and in periodicals certainly less than \$500,000. Yours very sincerely,

LEE BROTHERS & CO.

Your note of the 3rd inst., enclosing galley proofs, came duly to hand. Mr. Saunders is at present in London, and will not return for three or four weeks. We have read with interest the proofs of your article. The figures you give as to the cost of medical books and periodicals, seem to us to be a fair estimate. Yours very truly, W. B. SAUNDERS & CO.

I beg to acknowledge receipt of your note of the 3rd, enclosing galley slips of your article on "The Medical Profession as an Economic Factor." I have read this with a great deal of pleasure and instruction. The matter had never been presented to me in this shape, and I have nothing to criti-

You place the probable number of physicians in this country at 135,000. I imagine this is probably correct, taking into consideration all kinds and conditions, although the list which we depend upon is something under 123,000.

Your estimate of income seems a fair one. It is certainly not too large.

Your estimate that the average amount expended for books is \$10.00 per annum is not far wrong, although the average is made up by a large number of men who are very liberal purchasers; many men ap-

parently do not purchase any books.

There is one matter that you do not take into consideration. That is, that physicians, like clergymen and lawyers, are looked upon as a special class by the publishers of miscellaneous books. They are large purchasers of standard works, such as the Century Dictionary, the Cyclopedias, sets of Dickens, Balzac and other prominent nov-elists, and many of them are interested in

intsruments. The newly graduated medico will get a thermometer (\$1), a hypodermic syringe (\$1.50), and a pocket case of instruments (from \$3 to \$10). Only the exceptional man will go beyond this. Operating and obstetrical instruments are not likely to be needed during the first several years of practice. Men who incline toward surgery, or who develop a specialty, equip themselves quite liberally with the necessary instruments; but the average man does very little of this; hence his equipment is simple, going very little beyond the above mentioned. doubt if the investment for instruments would average a present value of more than \$15 for each of our \$135,000. Putting it at this, we would have:

†135,000 times \$15 equals \$2,025,000. MEDICINES.

Pharmacy is a hand-maiden to the practice of medicine, but not necessarily a part of it. The drug trade is a great interest in itself; it is in itself a great economic factor; hence it deserves, and doubtless will get separate treatment from some able hand. But in-so-far as medicines form an equipment of practicing physicians, they are an element in the economic consideration of this

the allied sciences and must buy scientific books.

I shall be very glad to see the article when it is issued. With best regards I beg to remain, Yours very truly, KENNETH M. BLAKISTON.

[As purchasers of miscellaneous books, physicians cannot be classed by themselves, but must be considered with all other purchasers of the same; and hence this feature is outside the subject of this article.— C. F. T.]

[†]I submitted this estimate to several instrument dealers, and every one at first said that the estimate is too low. They

subject. Then, to what extent is capital invested in drugs by physicians? We at once see that this question is exceedingly difficult to answer. Many physicians, mostly those living in the rural districts and in small towns, have as much as \$50 constantly invested in medicines. On the other hand, many city physicians own no medicines at all, except the tablets that happen to be in their hypodermic case—less than 50

said that particularly is the medical stu-dent estimate too low; that students spend from \$25 to \$75 for their outfit upon grad-uation. Upon inquiry, they told me that nine-tenths of the students buy obstetrical forceps and other obstetrical instruments. If this is true, young doctors own obstetrical forceps a long time before they use them, for it is seldom, indeed, that a practitioner has occasion to use forceps during his first five years of practice. Should a difficult case occur with so young a man, he should have counsel; and the older man called usually has forceps. However, these instrument dealers get their ideas from students who come into their store and purchase; leaving out of the calculation students who expect to practice, for several years at least, with their preceptors, who are already supplied with instruments; and also, the men who, after the financial strain incident to a college course, are too poor to buy. It is probable that those who purchase, buy more largely than I have stated; but they must be averaged with those who do not, or cannot buy.

As to the annual purchases of instruments by the profession at large, the average must take in the young and strugling, hence poor, man, and the old man who expects to "let go" in a few years, and hence buys no more new instruments, but who, as a matter of fact, "hangs on" for 10, 12 and 15 years, continuing to do a little practice to the end.

Another way to get at it is to consider the sum total of the surgical instrument business done in the country per year. There are certainly not over three or four houses that do a business of \$200,000 each per year; there are perhaps a few more that do \$100,000 each per year. But with this quite liberal estimate we have a total of from only one million to a million and a half dollars. The smaller stores will certainly not bring the sum total to more than our figures of \$2,025,000. Then a very important point is this: trusses, supporters of all kinds, crutches, invalid chairs, and

cents in value. Each of these extremes represent a large class, and there are numerous and larger classes all the way between. Then how is it possible to make anything like a true estimate? The homeopathic physicians (about 10,000 strong) carry their own reme-I will confess that I have no knowledge of the cost of their remedies, nor of the average stock kept by each. However, I would guess it to be much less than \$50; certainly it is between the limits we have mentioned-50 cents and \$50, and perhaps less than \$25. The alkaloidalists are a recent development. Dr. Abbott may be able to tell us something about their number and average equipment; but they, also, certainly come within the limits above mentioned, the average probably falling below \$25—perhaps far below. are considering constant equipment, and not average purchases per year. The latter we will not attempt; but considering all classes, I feel that \$10 would represent not far from the average value that the average doctor has constantly invested in medicines. must remember that the average city physician has practically no such investment at all.

Then we must consider saddle-bags, buggy cases, hand satchels (for medi-

surgical appliances of all kinds, which make a large part of the sales of instrument dealers, do not belong to our category—are not a part of the doctor's equipment; they are purchased by or for the individual patient, and are not a part of the equipment of the medical man. After "threshing the matter over" pretty thoroughly, I am disposed, for the present at least, to allow my original figures to stand. However, I will welcome any further light or information on this section, or any other section of this article.

cines), pocket medicine cases, etc. These are a part of the equipment of every physician who furnishes medicines, either constantly or occasionally. Suppose we put \$5 as the average for this item. Then we have \$15 as the average equipment for medicines and containers:

135,000 times \$15 equals \$2,025,000. Physicians have certain economic relations concerning the sale of remedies. which we will consider. We write prescriptions that are filled by the druggist. We get paid for our services, including the writing of the prescription. The druggist gets paid for the constituents of the prescription, and also for the trouble and skill involved in preparing the same. We can see that there are two distinct economic factors here. Our side is only one of these factors. although the two are intimately related. A large part of a physician's work is to direct people what to get, and how to use it; for example, Scott's emulsion first obtained an enormous sale through the medical profession. The proprietors then deserted their first friends (as is so frequently done) and went to the general public. Years ago I heard that one physician in Jersey City had prescribed 1,700 bottles of hydroleine. Whether he is still keeping up that record, or has been "switched off" on some of the numerous competitors of that excellent preparation, I do not Turn through the advertising pages of any medical magazine and you will see numerous solicitations for the patronage of physicians, not as users, but as prescribers. The genial Parmele has read letters to me that he

has written to lay people who apply to purchase: or for information concerning arsenauro. He tells them that thev can get it only through their physician; that if they will give their physician's name and address, he will supply said physician with literature, and possibly with samples; but that the preparation is supplied only on the order of a phy-Thus we see illustrated an economic function peculiar to the medical profession-different from that of any other trade or profession. It is my purpose to only point out this peculiar economic function, and not attempt to measure the magnitude of its meaning. The economic results belong rather to the drug trade. The pay of the physician for his services has already been considered.

Physicians use horses, harness, carriages, saddles, etc., but economically they belong with other users of the same articles. Physicians and their families use hats, shoes, clothing, houses and household articles, newspapers, books other than medical, foods, etc., but as such they belong economically with other users of the same things.

Have we left out any particular in which the medical profession has separate and distinct economic relations? If so please suggest it, in order that this treatment may be made complete for the book mentioned at he beginning. The above estimates are respectfully submitted for suggestions, alterations or amendment by any who feel that they have facts to justify the same. Perhaps the above is the first attempt ever made of this kind, and hence many inaccuracies are doubtless present. The

estimates are based on a rather long and wide knowledge of the profession; but I have no wish to be dogmatic. A co-operation among those who have had the best facilities for knowing the medical profession will bring the greatest attainable accuracy.

I hope that this study of ourselves

and our economic relations to society in general will prove not only interesting, but that it will give every doctor a taste for economic studies, and lead to the medical profession becoming recognized masters in the important and rapidly growing sciences of economics and sociology.

General William J. Palmer has offered to donate to Colorado Springs 100 acres of land and to subscribe \$50,-000 in cash to establish a semi-philantropic sanitarium for consumptives in that town. The total cost of the institution is to be about \$250,000. The rest of this sum must be raised by sub-There will be two departscription. ments, one for the use of patients who are able to pay good prices for their care and treatment, the other for those who can only stand nominal expenses. The second department will, of course, depend somewhat upon the success of the first.

The right of boards of health to enforce vaccination in school children has been confirmed by Judge Voorhees in the District Court in Pueblo, April 8. An injunction was applied for to prevent the mayor and school board of Rocky Ford from barring a child from the public schools because it had not been properly vaccinated. In announcing his decision Judge Voorhees stated the following ground for his position:

1st. The matter of efficacy of vaccination is one with which the courts have nothing to do, but it is by the statutes left to the board of health.

2nd. The board of health has authority under the law to make all reasonable rules essential to the health of the community.

3rd. The rules so made by the board of health have the force of law and the power exercised is one of administration.

4th. The recontations so made are not subject to review by the courts, unless upon showing that they are unreasonable and unwarranted and that no emergency exists necessitating such regulations.

It is now "up to" the town council of Montclair, Colo., to decide what their next step will be in attempting to enforce an ordinance passed by them, forbidding the maintenance of any insane asylum within the town limits. Miss Luella Thomas, who is conducting a home for nervous invalids there and against whom the ordinance was directed, applied for an injunction against the town authorities, forbidding them to enforce the ordinance. The injunction was granted, but afterwards dissolved.

THE COLORADO MEDICAL JOURNAL

AND WESTERN MEDICAL AND SURGICAL GAZETTE

A Monthly Journal for the Medical Profession of Colorado and Adjoining States.

WM. N. BEGGS, A. B., M. D., ALLISON DRAKE. Ph. D., M. D., Editor and Publisher
Associate Editor

MEDICINE— DEPARTMENT	EDITORS
	A S TAIISSIG M D
Respiratory and Circulatory Organs. Digestive Tract Tuberculosis	C D SPIVAK W D
Tuharrularie	WM N RECCS A R M D
Neurology and Alienism	P OFTTINGED W D
Therapeutics	A ZEDERRAUM M D
Physiology and Hygiene	ALLISON DRAKE Ph. D. M. D.
General Surgery	W W GRANT M. D.
Ophthalmology and Otology	MELVILLE BLACK, M. D.
Larungology and Rhinology	W. K. ROBINSON, M. D.
Laryngology and Rhinology. Gynecology and Obstetrics.	CLARENCE L. WHEATON, M. D.
Diseases of the Genito-Urinary System	DONALD KENNEDY, M. D.
LOCAL ED	ITORS:
Colorado Springs, ColoFrank L. Dennis, M. D. Le	eadville, Colo
Cripple Creek District, ColoM. D. Gibbs, M. D. Pu	ieblo, Colo
Fort Collins, ColoP. J. McHngh, M. D. Tr	rinidad. Colo
Fowler, Colo	heatland, N. DEdward Chase Branch, M. D.
Greeley, Colo	eno. Nev
La Junta, ColoFrank Finney, M. D. La	as Cruces, N. MJ. Frank McConnell, M. D.

Subscription, \$2.00 Per Year, in Advance.

Single Copies, 25 Cens

ORIGINAL ARTICLES. CLINIC

CRISP EDITORIALS.

CLINICAL REPORTS, C. SOCIETY REPORTS,

CORRESPONDENCE, NEWS ITEMS.

Invited from the Western States of Utah, Wyoming, New Mexico, Kansas, Nebraska, Arizona, but particularly from Colorado.

All matter intended for publication in the next issue should reach the editor by the first of each month. Each contributor of an article will receive ten copies of the Journal containing his article, upon appli-

cation.

A reasonable number of illustrations will be furnished by the Journal free of charge if suitable drawings or photographs are supplied by the authors.

Address all communications to

THE COLORADO MEDICAL JOURNAL, 133 W Colfax Ave., Denver, Colo

Vol. VIII.

DENVER, COLORADO, APRIL, 1902.

No. 4

EDITORIALS.

THE MEDICAL PROFESSION AS AN ECONOMIC FACTOR.

Attention is directed to the article on this subject reprinted on another page from the *Medical World*. It gives a unique, an interesting presentation of a subject which probably has escaped the attention of most of us. In our consideration of the influence and position of the medical profession it is

seldom that we enter into the financial effects, except in so far as they concern the returns made to us. This article will serve to give us some idea of another aspect of the subject, whether we accept the estimates made or not.

The formation of these estimates is in itself no trifling or easy labor. At the present time we are inclined to accept them as fairly representative in all respects. They are, of course, principally approximate, and the errors it is impossible to absolutely determine upon and exclude.

As of special interest we would direct attention to those sections of the article treating of the subject of the investment after graduation, particularly the cost of medical books, periodicals and instruments. Aside from the preliminary qualifications of educational advantages and application, the physician's ability will be determined very largely by, first, the number of cases he observes: second, his accuracy of observation: third, the aid and information he derives from others, and fourth, his judgment. The latter, which is the principal element in determining his position and greatness as a medical man, is directly dependent upon the three preceding elements. His ability to observe accurately will be increased in proportion to his interchange of thought with others in the same line of This being the case, it would seem that the estimate given for the investment in books, periodicals and instruments, but particularly the former two, is appallingly low. Is it approximately accurate, and if it is accurate how is the medical profession justified in its claims to being classed among the learned professions?

An interesting point in connection with this discussion might be raised as to the relative position of the medical profession of the Rocky Mountain states and the profession at large, especially in relation to this point. Do we compare favorably with our conferes in the East, South, the West as regards keeping abreast with profes-

sional advances as mirrored in medical publications, both books and periodicals? That, of course, is a point which is very difficult to determine. Our self-complacency would tend to make us answer in the affirmative immediately and without hesitation. To call it in question might be regarded as a piece of supererogation and an evidence of a tendency to depreciate. In our private conversation we might permit ourselves to make acknowledgements and concessions which we should scarcely like to see in print.

THE MERCY SANITARIUM.

In another column will be found a list of the staff of physicians of the Mercy Sanitarium of Denver, which has just been opened for general hos-Originally projected for pital work. the special purpose of employing the Kneipp cure, before the building was completed it was determined that that field was too limited. Consequently we shall have another hospital well furnished and equipped for wider opportunities. It will be noted that a departure has been made in the appointment of the staff. A large majority of the members are those who are not connected with any existing hospital in this city. This is as it should be; the wider spread the opportunities are, the better for the profession at large. concentration of the medical control of a number of hospitals into the hands of a few men, while desirable for them to extend and add directly to their pecuniary profit, is not so advantageous to the profession at large. It is to be hoped that the change thus begun will be further carried out in the future by other institutions as they are established.

A UNION OF THE DENVER MEDICAL COLLEGES.

At the time of writing it is reported that a plan for the union of the Denver College of Medicine and the Gross Medical College in Denver has been drawn up by the executive committees of the two faculties and will in all probability be adopted by the two institutions. It is to be hoped that this is the case. Denver should, or, in fact, the entire state of Colorado should, not contain more than one medical college.

A medical college is neither an unalloyed blessing nor an unmitigated evil to the community in which it may An immediate and also a farreaching effect of its existence is the elevation of the standard of medical education among a certain proportion of the members of the profession in the territory contiguous to it, most especially among those directly engaged in instruction. The accepted office of teaching in a medical college bears with it the necessary duty of severe application and prolonged study and research. This of course reacts upon the individual thus engaged, disciplining his mind, broadening his spirit, sharpening his intellect, extending his experience, increasing his diagnostic and prognostic acumen and promoting his command over therapeutic resources. direct benefit to the community, both sick and well. Secondarily, it reacts

upon the other members of the medical profession who come in contact with them, are led by them, and whose standards of ability are more or less directed by the medical faculties.

Only a blessing, however, the existence of a medical college is not. How much of detriment the community will suffer is, of course, largely dependent upon the standard maintained. The tendency is for the medical profession of the locality immediately contiguous to become greatly overcrowded. The yearly influx of newly fledged physicians is vastly increased until finally the struggle for existence becomes so great as to have a direct detrimental influence upon the ethical standard and commercial practices of the profession at large.

The quality of production is going to be determined largely by the matter of supply and demand. With a limited demand and more factories than are necessary to supply the legitimate call for their products, two methods make felt in the competition themselves necessarily ensuing. In the first, superiority of product is the appeal directed to the consumer; in the second, cheapness regardless of quality, and quality thereby necessarily suffers. The first characteristic will appeal, unfortunately, to but a small proportion of the world. Consequently the second makes itself felt most strongly in the case of a territory of limited distribution. That is invariably the case and holds good with the product of medical colleges as well as in other commercial pursuits. (The word other is used advisably in this case.) The next tendency, therefore, is to the reduction or simply pretended maintenance of an educational standard, with the ensuing train of evils to which our profession is no exception.

The city of Denver is sufficiently large to support one medical college with benefit to itself and the state in which it is located. This cannot be said of any of the other cities in Colorado. On the other hand, there is no crying necessity for the existence of more than one medical college in a city with not over 150,000 inhabitants, and the sentiment of its medical profession should be so pronounced that a union of the two already existing schools would be an imperative necessity.

Denver has another novelty. A. M. Quinn has been appointed deputy sheriff. The appointment was made April 11 and she entered upon her duties the next day. The purpose of the appointment is to aid in the reclamation of fallen women and wayward Those who come under the strong hand of the law and yet are not confirmed in their evil ways are to be given an opportunity for reform and development. In an interview with Mrs. Quinn she is reported to have said that "the work is just beginning, but we know it will succeed." It is to be hoped that their anticipations will be realized, but there is certainly some room for skepticism. It is proposed to give these women a home and a course of training in domestic science, trained nursing, etc. While we would not offer any word which might be considered a reflection upon the aims of the organization behind that movement, still we might query what is the opinion our physicians and trained nurses hold with regard to throwing down the bars so that all characters and classes of women may enter a profession which should certainly be maintained upon a high plane so far as the character of those engaged in it are concerned?

Dr. S. Moncton Copeman, an English local inspector, has been experimenting with small-pox virus on monkeys with a view to procuring a suitable "vaccine" with which to "vaccinate" human beings. The subject has been brought up in the House of Commons. If the new process of obtaining the "vaccine" should prove to be superior to the old method, we may have to call upon philologists to coin a proper term for the new virus, as it would be unjust to the cow to use the word "vaccine," and the words "monkeyand "monkine," which might naturally suggest themselves to men untrained in philology, might lead to ambiguity, especially among the laity.

A. D.

The spirit of insurrection and insubordination is not without existence in the state of Colorado. The boys at the State School of Mines are perennially in a state of volcanic eruption. Reports from other schools of various sorts indicate the spread of the disease, with which even training schools for nurses are not unaffected. At the Homeopathic Hospital in Denver the young women threatened to go on a strike because the matron refused to allow them to read letters, love or otherwise, while on duty, consequently the matron was removed. At the Arapahoe County Hospital in Denver eight of the nurses not only threatened but actually went upon a strike. The county commissioners, however, were made of sterner stuff than that of the directors of the Homeopathic Hospital, consequently eight young women were without positions, which were readily filled

by nurses who had already received their training. The complaint again in this case was on account of the discipline of the head nurse, Miss A. S. Felton. The position taken by the county commissioners should be highly commended. Discipline is not too strictly maintained, and any relaxation in this respect simply lowers the standard of the profession of nursing.

EXAMINATION QUESTIONS

Of the Colorado State Board of Medical Examiners, April Meeting.

QUESTIONS ON ANATOMY.

Dr. Frank Dulin, Examiner.

- 1. Name the branches of the arch of the aorta in the order they are given off.
- 2. Give the anatomy of the inguinal canal in the male, naming all the tissues that assist in forming it with the anatomical relation to each other.
- 3. Describe Scarpa's triangle, naming all the tissues composing same.
- 4. Name the tissues divided in reaching the brain substance through a trephine wound over Broca's region, from without in.
- 5. Give the most important structures (nerves, arteries and veins) passing through the axillary space and

- their relation from before backwards.
- 6. Trace the peritoneum (in the female) from the umbilicus downward in the median line to its lowermost point then upward until you have reached or returned to the starting point.
- 7. Name the different kinds of articulations found in the human body, and give an example of each.
 - 8. Name the cranial nerves.
- 9. Name the constrictor and dilator nerves of the pupil.
- 10. Name the bones of the tarsus in their order from above downward and from without inwards.

QUESTIONS IN CHEMISTRY.

Dr. George W. Lawrence, Examiner.

- 1. What is chemistry?
- 2. What is an element?
- 3. What is (a) a mineral? (b) a metal?



- 4. What is (a) an alkaloid? (b) a ptomain? (c) a glucoside?
- 5. Name and describe several chemical tests for albumin as found in urine.
- 6. Name and describe several chemical tests for sugar as found in urine.
- 7. What is the chemical composition of urea, and how would you make a quantitative estimate in a given sample of urine?
- 8. In a solution of bichlorid of mercury, potassium iodid, and sufficient

distilled water to make each fluid drachim to contain an average dose of each drug, what is the chemical combination or reaction that takes place?

- 9. What do you understand by the term atomic weight, and how is such determined?
- 10. Give the chemical composition of (a) water, (b) sugar, (c) atmospheric air minus impurities, (d) human milk, (e) table salt, stating which are definite chemical compounds and which are mechanical mixtures.

QUESTIONS IN PHYSIOLOGY.

Dr. David A. Strickler, Examiner.

- 1. Describe the course of circulation of blood in the body, together with the operative forces.
- 2. Describe the cardiac cycle, and give the accompanying sounds.
- 3. Give the organs concerned in, together with the mechanism of, respiration.
 - 4. Give the chemistry of respiration.
 - 5. Define the terms:
 - a. tidal air.
 - b. complemental air.
 - c. supplemental or reserve air.

- d. residual air.
- e. 'respiratory or vital force.
- 6. Name the different digestive agents of the alimentary tract, and give their origin and the active principle of each.
- 7. Where are fats digested, and by what agent?
- 8. Give the mechanical factors aiding digestion.
- 9. Give the quality, color, reaction, specific gravity and the chemical constituents of normal urine.
 - 10. Give the functions of the skin.

QUESTIONS IN PATHOLOGY.

Dr. Sol. G. Kahn, Examiner.

- 1. Describe briefly the process of repair.
- 2. Differentiate between pyæmia and septicæmia.
- 3. Differentiate, pathologically, between broncho and lobar pneumonia.
 - 4. Name two benign and two malig-
- nant tumors and briefly describe one of each.
- 5. What do you understand by necrosis?
- 6. What is a thrombus? an embolus? Describe the formation of each.
 - 7. What do you understand by the

term "acquired immunity"? Give examples.

- 8. Describe the pathology of a tubercular joint.
- 9. Give the pathology of interstitial hepatitis and its synonyms.
- 10. Describe a typical typhoid ulcer and state how it differs from a tubercular ulcer of the intestine.

QUESTIONS IN THE PRACTICE OF MEDICINE.*

Dr. T. W. Miles, Examiner.

- 1. Give the causation, clinical history, diagnosis, symptomatology and hygienic treatment of pneumonia.
 - 2. The same of typhoid fever.
 - 3. The same of variola.
 - 4. The same of scarlatina.
 - 5. The same of appendicitis.
 - 6. The same of diphtheria.
 - 7. The same of acute entero-colitis.

- 8. The same of nephritic degenera-
- 9. The same of pulmonary tuberculosis.
 - 10. The same of lithemia.
- *The statute prohibits examination on the subjects of materia medica and therapeutics when examining on the practice of medicine.

QUESTIONS IN SURGERY.

Dr. S. D. Van Meter, Examiner.

- 1. Name the coverings from without in of an oblique inguinal hernia.
- 2. Name four of the most common fractures, the bones in each and the method of reduction, and keeping in place during repair.
- 3. Give method of detection, causes, symptoms, sequelæ, and mode of treatment of urethral stricture of small caliber.
- 4. Name tissues divided in an amputation at the middle of the thigh, and describe technique of operation.
- 5. Give causes, diagnosis and treatment of cystitis, with differentiating

- points between that disease and pyelitis.
- 6. Give causes, symptoms and treatment of empyæma.
- 7. Give the differentiating points of fractures and dislocations in general.
- 8. Give (a) symptoms and signs of strangulated hernia, (b) incarcerated hernia, (c) irreducible hernia, and the treatment of each.
- 9. Describe the operation of nephrolithotomy, naming the tissues in the order in which they are divided.
- 10. Give causes, signs and symptoms of appendicitis, and indications for operation.

QUESTIONS IN OBSTETRICS.

Dr. P. J. McHugh, Examiner.

- 1. Define obstetrics, liquor amnii, puerperal state, and mechanism of
- labor.
 - 2. Give duration of pregnancy and a

method of predicting date of delivery.

- 3. What are the positive signs of pregnancy?
- 4. What is meant by morning sickness?
- 5. Define "abortion" and give causes of same.
- 6. Into how many stages is labor didived? Describe them.
- 7. Give management of last stage of labor.
- 8. Give, in a concise way, treatment of mother after delivery.
- 9. Give the four positions in head presentation.
- 10. What are the indications for the use of forceps?

QUESTIONS IN GYNECOLOGY.

Dr. C. K. Fleming, Examiner.

- 1. Give the anatomy of the uterus.
- 2. What particular diseases may make their appearance at puberty, marriage, after first labor or abortion and at the menopause?
- 3. Give the varieties of vulvitis, causes and symptoms of each.
- 4. Give the varieties of endometritis and the causes of each.
- 5. Describe the preparatory andoperative technique of curettage.
 - 6. What is a genital fistula and give the different varieties.

- 7. What is the normal position of the uterus and what maintains it in such position?
- 8. What mal-positions of the uterus are described and give the causes of each.
 - 9. Give the varieties of ovarian cysts.
- 10. Define: Amenorrhræa, menorrhagia, metrorrhagia, dysmenorrhæa, colpoperineorrhaphy, trachelorrhaphy, hysterrorrhaphy, pyosalpinx, hydrosalpinx, hematosalpinx.

PROGRESS OF MEDICINE.

Respiratory and Circulatory Organs.

Conducted by Arnold S. Taussig, M. D.

SYMPOSIUM ON PERICARDITIS, READ BE-FORE AMERICAN MEDICAL ASSO-

CIATION.

"The Role of the Myocardium in Pericarditis," by Alfred Stengel, was the first paper.

Stengel considers the elements of danger in pericarditis to be:

1. As a focus of infection.

- 2. Disturbance of heart's action, mechanically or reflexly.
- 3. As a starting point for a spreading inflammatory lesion.

Of the first he says that a purulent or hemorrhagic effusion is more frequent than in pleural exudates and the danger correspondingly greater.

The mechanical or reflex disturb-

ances he dismisses with a few words, laying great stress upon the condition of the heart muscle rather than upon direct effects of effusion or inflammation.

The spread of inflammation to endocardium is especially liable to occur in children, but usually there is a "pancarditis," the chief danger of which is the extent of muscular involvement. The degeneration of the heart muscle in these cases is of a fibroid character, detected by indications of heart incompetency. A rapid and considerable hypertrophy of heart muscle associated with a rapid low tension pulse is indicative of pericarditis, associated with myocardial degeneration.

In chronic cases the peculiar enlargement of the liver, peripheral congestion and cyanosis, accompanied by dropsy and irregularity of heart, all point to marked involvement of heart muscle.

Babcock, in his paper on "Adherent Pericardium," divides it into two classes. Adhesion of two layers and adhesion of two layers plus adhesion of sac to chest wall, diaphragm and lungs. The latter is sometimes called fibrous mediastino-pericarditis. The connective tissue hyperplasia sometimes spreads to the liver and causes first the congestion and later the contraction, marked by fairly regular outline but decided notch on palpation.

Diagnosis is extremely difficult if the pericardial sac is not adherent to the surrounding structures. Inspiratory distension of the external jugulars, diastolic collapse of cervical veins and hypertrophy of the heart are the only signs that can be relied upon.

If the pericardium is adherent to surrounding structures the following signs may be present: Systolic retraction, near the apex beat or epigastrium; fixed apex; "a systolic retraction followed by a diastolic rebound of the chest wall;" systolic retraction of tenth and eleventh interspaces posteriorly; friction sounds and hepatic engorgement.

Jones, in speaking of "Pericarditis in the Negro," notes its frequency in pneumonia, claiming that it is the exception not to find it. He also refers to the probability of pericardial effusions being purulent in the negro. Syphilis is given as the most important etiological factor.

Treatment. Norbury says that this disease should always be kept in mind in treating acute infectious diseases Milk in small quantities, frequently given, is the ideal diet. Salicylates should be used if the primary disease is suspected to be rheumatic. Ice bag and blisters are beneficial at times. Morphia if pain is severe. Trional and sulphonal combined may be safely administered for sleeplessness. Strychnia, digitalis and strophanthus are advised for struggling heart, also the use of salines. In dealing with effusions he advises against interference unless Osler's signs for interference are present-"dyspnœa, small rapid pulse, dusky, anxious countenance." Surgical interference, even in purulent cases, has resulted in recovery and should always be considered.—Journ. Am. Med. Ass.

A LECTURE ON CHEST COMPLICATIONS IN ABDOMINAL DISEASES.

Great stress is laid by J. Mitchell Bruce, in the British Medical Journal for November 23, 1901, upon the frequency with which abdominal diseases give rise to chest complications. cites instances where perigastric abscess, hepatic abscess, inflammations about the gall bladder and appendicitis lead to early involvement of the pleura and lung. In obscure abdominal cases he advises frequent examinations of the chest but cautions the student not to suppose that every patch of dullness or crepitus indicates invasion of lung or After mentioning the frepleura. quency with which the infective material passes from the abdomen to the chest, he asks, "May not this be the usual route by which the pleura is invaded by the tubercle bacillus?"

Possibly the lecturer's experience has been such that he feels justified in using the words "usual route;" but the experience of the majority of clinicians and pathologists would lead them to substitute the word frequent for usual.

The point raised that frequent chest examinations should be made in obscure abdominal cases is one that is frequently lost sight of in cases prolonged over several weeks or months. A general practitioner should call himself into consultation several times a week in prolonged obscure cases and give the patient as thorough physical examinations as he would expect a regularly called consultant to give. By so doing the revelations or the sudden appearance of signs would be less frequent after a consultation.

THE ACTION OF IODIDES ON THE HEART AND CIRCULATION.

According to Ralph Stockman and Francis J. Charteris, in the *British Medical Journal* for November 23, 1901, a large number of experiments undertaken on patients suffering from cardiac disease, aneurism, arteriosclerosis and bronchitis resulted in the finding that large doses of iodides did not directly weaken the heart or dilate the arterioles.

Injections of potassium iodide intravenously into animals caused great depression, while sodium iodide did not seem to have a depressing action upon the heart.

The writers believe, however, that Rosenbach's assumption that iodides are not of benefit in aneurism is not upheld by the great majority of practitioners, its almost universal use showing that it must be of benefit.

ACQUIRED PULMONARY LUES.

Lerch of New Orleans, in the *Philadelphia Medical Journal* for January 11, 1902, reports an interesting case of pulmonary syphilis; the previous history, the symptoms and relief on use of specific treatment point to the correctness of the diagnosis.

The trouble first gave rise to noticeable symptoms, twenty years after infection with syphilitic virus. Cough, paroxysmal in character, dyspnœa, gradually increasing and great weakness were the principal symptoms. The physical signs were absolute dullness sharply outlined over the upper portion of the sternum; almost absolute dullness over a half moon-shaped area to

the right of the sternum between the third and fifth ribs and almost to the nipple line; some dullness under the right clavicle; fremitus increased over the dull areas; bronchial breathing and moist rales; apex beat to left of the mammillary line. The pulse was smaller over right radial, cartoid and temporal

arteries. The veins of right arm were enlarged and the inguinal glands increased in size. The writer differentiates from phthisis, aneurism, tumor and fibrosis.

Under treatment the dull areas cleared up and the patient's condition improved markedly.

Tuberculosis.

Conducted by Wm. N. Beggs, A. B., M. D.

DIAGNOSTIC AND IMMUNIZING USES OF TUBERCULIN.

In a recent number of the *Journal of* the American Medical Association appeared a paper on the uses of tuberculin by Dr. Charles Denison, which was read by him at the Congress on Tuberculosis held at London last July. In this paper Dr. Denison deals especially with the diagnostic and immunizing uses of tuberculin. He discusses these uses separately, although they are, in his opinion, intimately related. He thinks that the injection of tuberculin stimulates the defensive cells of the body, particularly in the infected area, and that the amount of stimulation depends not only upon the amount of tuberculin injected but also upon the sentitiveness of the nervous system, the blood supply of the infected tissue and the progress already made by the infection. Infected pulmonary tissue is especially reactive to tuberculin because of the great amount of blood there. On the injection of tuberculin, leucocytes increase in number in the infected area, and this local increase constitutes the specific effect of the injection and is not known to be produced by the injection of any other substance, such as cinnamic acid, the oil of cloves or peppermint, nuclein, etc., which, when injected, produce a general leucocytosis.

The dose of crude tuberculin is from one to thirty milligrams. The author thinks that if one milligram induces a perceptible reaction, the diagnosis ought to be easily made without the use of tuberculin. Moreover, with too small a dose frequently repeated a tolerance can be established without diagnostic indications; whereas large doses, if used at the start, may produce in advanced infection so great a reaction as to bring about necrosis of the diseased Consequently Dr. Denison tissue. seeks the golden mean and begins the tuberculin treatment with such a dose as he thinks will produce merely sensible reaction and he then daily doubles the previous dose until the dose is twenty or thirty milligrams if the diagnosis is not established sooner. age, sex and susceptibility of the subject also have a bearing in determining the proper initial dose. For a child or a susceptible young woman one milli-

gram of the glycerin extract of tuberculin is recommended; for an adult male, five or six milligrams. Dr. Denison thinks the morning hours the best time for the injection as the effects are then apt to be shown at hours when observation is most conveniently made. If the lesion is in the lung, the reaction is usually soon manifested—in about four hours after the injection. effect may be shown in systemic disturbance resembling that of la grippe, without much elevation of temperature. The stethoscope may also reveal local disturbance, which is the most helpful diagnostic point for the discriminating The breath sound becomes higher pitched, more broncho-vesicular and more puerile. Dr. Denison has had positive results in about 90 per cent. of cases.

Coming to the immunizing use of tuberculin, the author first describes the various preparations of tuberculin, including extracts and sera, and expresses preference for von Ruck's watery extract above all other forms of tuberculin. He gives tables showing the results of treatment in 213 cases with the various extracts or sera.

Most interesting is the author's theory explaining why tuberculosis is a slowly progressive disease as compared with diphtheria for example. In tuberculosis "the leucocytes and phagocytes begin their defensive warfare and stop absorption in the beginning of the trouble. They build their walls of non-vascular tissue around the germs—

which encapsulation constitutes what we know as 'tubercles'—and absorption thereafter is almost impossible. * * * The bacilli themselves are enshrouded in a coating of fat which still further prevents their disintegration. should they be set loose in the blood Nature's antitoxic power is current." consequently not sufficiently stimulated. Defense, however, may be voluntarily stimulated by change of climate, exercise, good feeding, etc., but for specific stimulation the toxin from the nucleus of the germ is to be employed. overstimulation should be avoided and also the production of strong local and weak general reaction, especially if tuberculosis is complicated with active pleurisy, la grippe, measles, etc. better to wait until these complications have disappeared before proceeding with the specific treatment.

There are three kinds of immunity: (1) natural, (2) artificial, (3) toleration. The first two prevent germs from entering the body. The third kind enables the system to endure bacterial invasion and is the kind particularly obtained through the tuberculin treat-"In incipient cases of tuberculosis tolerative immunity to the extent of a cure may be obtained by this specific method in two or three months. while in others past the beginning of the ulcerating stage, the fight may have to be prolonged at times for two or three years with all the possible outside helps we can muster to our aid."

A. D.

Neurology and Alienism.

RECENT DEDUCTIONS CONCERNING

TUBERCULAR MENINGITIS AND PLAN FOR HOUSE DISINFECTION SUG-GESTED BY THEM.

Some recent deductions in reference to tuberculosis of the meninges are reported in an article ("Observations on the Etiology and Anatomy of Tuberculous Meningitis," Edward Cautley, M. D., London Lancet, December 21, 1901), the basis of these being the clinical history and post-mortem findings in twenty-seven cases of tubercular meningitis occurring in children who ranged from six months to nine years in age. In twenty-two instances out of the total number, the children were not over five years old, thus verifying the common experience which places the greatest mortality from the disease in the first half decade of life. cases are reported in babes during the first year. The writer believes that to ascribe to the first twelvemonth the greatest preponderance of geal tuberculosis is an error arises from the difficulty of clinically differentiating in these young subjects this affection from the more common simple basilar meningitis. Sex affords no predisposition. In twenty-two cases no history of family infection could be obtained. This circumstance should be taken with reserve owing to the difficulty of eliciting entirely favorable anamneses.

Once infection of the ethmoid through the nose resulted in caries of the cribriform plate with probable in-

Conducted by B. Oettinger, M. D. volvement of the meninges from this point. Hemiplegia occurred once. child of two years and six months had sustained a fall three weeks before development of meningeal symptoms. The medico-legal importance of the question, whether trauma or tubercle was the initial cause, is briefly discussed. Instanced as a probable direct infection from the parent is that of a child who nursed one week from a tubercular mother, after this was fed from the bottle and was taken out in the air very little up to the time of death at six months of age.

Special consideration is devoted to channels of infection. Most important in this connection are the respiratory and alimentary tracts. Of next importance the ears and skin. The statement of a recent text-book (Fagge, 1901) that the intestinal tract is the main source of infection is opposed. quency of bovine tubercle bacilli in cow's milk is attested by ample authority. It is mentioned, however, that an acid resisting bacillus resembling that of tuberculosis is sometimes found in cow's milk, upon udders, in intestines of healthy and tubercular cows, or timothy grass, fodder and dung. It cannot be distinguished from the bacillus tuberculosis microscopically, only by intraperitoneal injection of guinea pigs. only two of twelve cases of advanced tuberculosis were the mesenteric glands involved, while the mediastinal glands were free of infection in only two cases of the entire number. Therefore if we

do not accept the dictum that the bovine bacillus is not dangerous, we may say, it is not nearly so infective as the human.

Coma results from brain softening. There was excess of fluid in ventricles in one-third of the reported cases. The author concludes:

- 1. Inheritance means exposure of predisposed child.
- 2. Injury very rarely the exciting or predisposing cause.
- 3. Alimentary tract rarely primarily infected.
- 4. Cow's milk rarely if ever the source of infection.
- 5. Limitation of tubercular process to meninges rare.
- 6. Prognosis hopeless because of preceding conclusion.
- 7. Operative treatment may be discarded as experimental rather than useful.

Influence of recent statements by Koch may be noted in the above.* It is not the purpose to discuss here the probable fact that in the matter of relatively few infections from the bowel some other factors must play a role than the inocuousness of the bovine bacillus tuberculosis, at times so frequently present in the ingested food. The point that a great many more human tubercle bacilli than bovine are swallowed, because not expectorated,

was taken note of in these columns several months since and is a fact that Cautley too, has not ignored. Hence his conclusion concerning this question in the light of mere compromise of the Koch dictum is scarcely satisfyng.

* * * * *

Another line of thought as regards infection is suggested by that case of meningitis in which it is reported as practically certain that the child who nursed from a tuberculous mother and was then left indoors for the rest of its six months of life, was infected by the milk of the mother. Recognizing the as quite possible, we note that Cautley's article, the case with many has done with the subject of infection after considering the matter of close personal contact with consumptives and the ingestion of infected foods. no less important factor which deals with the lack of specific hygienic observance may therefore be profitably called to mind; and of first importance along this line is house or room infection. Flick, who examined all the houses in a ward in Philadelphia where there had been deaths from consumption, found that 33 per cent. of such houses had more than one case, that 25 per cent. of these houses had been infected prior to 1888, and that more than 33 per cent. of the deaths which

^{*}Theobald Smith, in a noteworthy paper "Two Varieties of Tubercle Bacilli from Mammals," May, 1896, said he thought infection of the human subject through the milk of cattle decidedly questionable; that the subject should be reinvestigated from the standpoint of different species in different groups of animals difficult of innoculation upon any other.—Tyson.

occurred since 1888 had occurred in them, (Tyson)†

The public in the past few years has been very much alive to the infectious nature of tuberculosis. Particularly has it learned the danger of dry tuberculous sputum and the means which may be taken to avoid indoor contamination of the atmosphere by the latter. infection from dust-laden walls, woodwork, room hangings, bed clothes and the like, which in time must come about whatever the degree of care exercised by an apartment's tuberculous occupant, very much less attention is On the one hand we have the fact that source of infection cannot be readily seen. on the other the expense and time needed to make the apartment and its contents entirely wholesome. Because entirely effective sanitation here means more than the sweeping of carpets and dusting of furniture, even the best hotels do not supply ideal conditions, but they offer the nearest approach to these which the transient guest may at present obtain, by reason of good service in room-cleansing so far as undertaken.

As regards the better class of boarding and rooming houses, Denver, because a health resort, has these com-

fortably filled with persons who have come West for health purposes. reasons of profit and loss the effort is sometimes made (usually, however, merely so claimed) to exclude consumptives from these houses. course this is impossible, and so the physician often meets his tubercular patients in the guise of victims of bronchitis, asthma, hay fever and what not? It has often seemed to the writer that part of the effort to deprive tuberculous patients of habitation might well be directed to the correction of the peculiar moral obliquity which permits a room, used by a consumptive invalid, to be rented to the next comer without thorough renovation of the apartment and its contents. True, the fault does not lie all on one side, for many of these health-seekers are strenuous in their demands not to be housed with others who have sought the climate for the same cause as they themselves, and vet are often indifferent to personal observance of hygienic rules.

Descending yet one degree in the scale of material comfort, we have to do with that considerable population of a large city, of somewhat nomadic habit, which, as lodger or light-housekeeper finds abode in furnished apartments of

[†]About a year ago the writer reported the following case to the Colorado State Board of Health as an instance of tuberculosis contracted in the state, and one probably due to house infection. A miner who had followed his vocation for several years in a certain Colorado camp, sought medical advice in Denver during the last few weeks of an illness due to pulmonary consumption. After his death conversation with his friends developed the fact that every year "two or three of the boys had to quit work and come to Denver for miner's consumption." It was also elicited that in the past twenty years few new houses had been put up in this camp which, although an old one, was not one of the most prosperous, and the same cabins had been occupied continuously by a population recruited from time to time by new comers. In a recent talk with the Secretary of the State Board, he not only concurred as to the probable continued source of infection, but also stated that he had received several other reports which in effect approximated the above condition.

blocks. This class, on the whole, accepts all its social responsibilities lightly, moves from one place to another not infrequently, and pays little attention to health conditions of environment. As a consequence, landlords have few demands upon them to establish wholesome conditions.

Needless to say, the public is vitally interested in the prevention of tuberculous infection of these various groups of transient guests, and obviously to even a greater extent than in the good health of the householder lives within his more permanent dwelling. That which is needed progression to a higher plane of sanitary living, this to be evolved by both landlord and tenant, and for which the physician must act as missionary. Yet another way-the bestto educate the masses in the need for improved conditions along these lines is to extend assistance to the large and deserving class of citizens—the single group of householders to be considered here—whose material conditions probably preclude self-help in great measure. Families of wage-earners who are poor are referred to. No one will doubt that among those persons whose efforts for livelihood have met with the least material success, will also be found the greatest percentage of fatal cases of tuberculosis.

Causal elements may be many and complex, but some are so evident that they cannot be overlooked. Severeexposure to inclement weather in the course of vocation, occasional lack of proper foods and the alcoholic habit all play their part. We encounter also, however,

and are directly concerned here with, the presence of some of the same sanitary evils of habitation that have been already mentioned. In these instances old and infected dwellings must be occupied because cheap, and for reason that among all the world's great benefactions, sanitary dwellings built for working people and rented to them at a figure these could pay, remain as vet among the least fashionable charities. One dare not even use the word "charities" indiscriminately, as at least in some cases such dwellings pay a small income on the investment. Of this perhaps more at another time; the fact remains that the poor are often housed within infected walls from generation to generation. In few cases is a general house-cleaning undertaken. There may be little time not devoted to daily routine of work, but shiftlessness and the element of habitual wasting of time is common.

Again, the question of keeping a clean abode when old household belongings are inconveniently stored in no specially appointed places and in too limited a space is apparent. enough bed quilts, sheets, etc., are too long used between washings to be clean. while outer coverings, such as shawls, are, perhaps, worn in common by the invalid and other members of family by day and probably spread over a bed at night. If these and like conditions be recognized as a part and parcel of poverty's social condition, it but demonstrates how closely allied are these with medical recognition of sanitary requirements. In the opinion of the writer, immediate and direct betterment of these conditions may be had, if the imperative need be but inaugurated by private beneficent enterprise.

Ouite a few years ago, at a time when negro minstrelsy was in greater vogue and university athletics ran to aquatic sport, the writer listened to a burlesque stump speech by the renowned Billy Herein, as one telling climax, the orator, after careful preparation of his audience, thundered out, "Tear down the colleges; we've got enough No doubt, flings at the coloarsmen." legiate training must yet be of the joking sort to be at all credited, and yet, just to-day, one may read a warning note from Dr. Von Stradonitz, rector of the University of Berlin, who says America must beware lest the interests of higher education are nursed at the expense of native spirit and natural intelligence and that it behooves the newer country to see that it be not overburdened, as is Germany, by a non-productive class that looks with scorn at anybody whose education has taught him merely the art of bread-winning. Be that as it may, in these days of the giving of millions for the improvement of race, sought to be accomplished by endowments of libraries and universities, surely the man may be found who will give thousands for a homely but more direct social benefaction than the former can produce.

To this end as a beginning, let an annual income of from ten to twenty thousand dollars be devoted to the maintenance of a plant and an organized corps of workers who shall take charge of the house or apartments of poor persons, subsequent to death by

tuberculosis in them, or, if the scope of this charity be enlarged, at some time during which such a case of infection is yet in progress. The idea may be kept in mind to later include other infectious diseases as well. would be proper and also necessary for the production of efficient good, to cowith regularly constituted boards of health, while at the same time carrying practical sanitation of infected rooms far beyond mere fumigation of Floors and woodwork would need be scrubbed, ceilings and walls rubbed clean of dust, linens and bedclothes washed. cushioned furniture pneumatically cleaned, and whatever else the practical solution of the sanitation problem demanded, be undertaken.

If the question had not long ago been settled that dirt is the life of infection. the recent successful effects of house to house sanitation in Cuba would have sufficiently demonstrated the Hence, it must be that a single year's work, as above merely outlined, would show so good a result as to materially hasten the awakening of the public to what constitutes the greatest need of protection from tuberculosis. It would. in consequence, not be long till rooming and boarding houses and hotels, in deference to the wishes of patrons, would see to it that apartments were made entirely wholesome at stated intervals and at special times after the presence of infection. Whether this development would be satisfied by individuals on the basis of a commercial venture or by a society in charge of a fund such as is here referred to, would be a matter for later consideration.

would probably be best if charity held strictly to its first intent, namely:

- 1. To present an object lesson in scientific yet practical sanitation demonstrated for the worthy poor.
- 2. The agitation of public interest to solve, in one way or another, a problem in which all are interested, i. e., how best to combat house infection

Colorado has her citizens of wealth who are as beneficent as those of other states. It would seem that only the unselfish missionary work of the right physician is needed to interest one or several persons, who will be willing to inaugurate a work in which public spirit, philanthrophy and benevolence are equally reflected.

Therapeutics.

Conducted by A. Zederbaum, M. D.

NEW EXPERIMENTS WITH MORPHINE AND ITS DERIVATIVES.

It would make a very interesting task to statistically establish the yearly output and consumption of morphine in medical practice. Exceedingly small as are the doses used hypodermically or otherwise, there is hardly another chemical preparation that is such a constant and reliable companion of the physician in his gratifying work of alleviating pain and suffering. has been written about, and experimented with, morphine itself, and its recently discovered derivatives. the subject is far from being exhausted, both scientifically and clinically. more light thrown upon that subject of importance, the more precise and firm will be the indications in regard to the application of these wonderful drugs of the bedside.

The latest contribution on morphine and its mates comes from a Russian physician, Dr. W. I. Krævski, published in the *Russki Vratch*, 1902, No. 9. The author's studies were made on rabbits,

and the valuable results of his experiments can be summarized in the following sentences:

- 1. The earliest effect is obtained from heroin, next to which comes morphine, afterwards dionin, codein and peronin, which occupies the end of the scale.
- 2. In regard to the duration of the effect, heroin again heads the list, and is followed in a descending curve by morphine, peronin, dionin and codein.
- 3. The rythm of respiration is not affected at all by dionin; heroin restores the disturbed regularity of the rythm; morphine in small doses does it to a certain degree, while codein and peronin produce irregularity.
- 4. The rate of respiration is decreased by peronin and dionin, and increased by the other three drugs.
- 5. The depth of the respiratory movements is increased mostly under heroin, less under morphine, and lesser yet by the other three.
- 6. The excitability of the respiratory center is considerably decreased by

heroin, less so by morphine. Peronin has no effect whatever in that direction, while dionin and especially codein act depressingly on the center.

- 7. As narcotics and sedatives, morphine and dionin work strongest, peronin and codein acting much weaker, and heroin producing a condition which simulates catalepsy.
- 8. The quantities productive of death in animals are: For dionin 90 mgr. pro kilo-weight, 50 for heroin, 45 for morphine, 40 for codein and 32 for peronin.
- 9. A decrease of the temperature is chiefly observed under heroin and morphine, little under peronin, and hardly at all under dionin and codein.

HYDROGEN DIOXIDE IN PHTHISIS.

A department on therapeutics would not be up to date if it failed periodically to enrich the literature of phthisiotherapy by some new suggestions.

The latest contribution in that branch of medicine hails from France, where Dr. Luton is much impressed with the most "excellent effects" of peroxide of hydrogen in the ulcerous stages of consumption. He makes his patients inhale a mixture of 100 parts of the hydrogen peroxide and 50 parts of a 20 per cent. solution of phosphate of sodium through the well-known Richardson atomizer, two tablespoonfuls at a time, once or twice daily. Having first applied this solution in the treatment of fistular tubercular abscesses secondarily infected with pus-producing microbes, he was surprised at the rapidity and the healing results obtained by his remedy, and has afterwards subsequently tried it with the same success on lung cavities, which in his opinion can be compared to infected cold tubercular abscesses. (*Union med. du nord-est*, Dec. 30, 1901.)

A NEW ANTI-GONORRHOICUM.

A new anti-gonorrhoicum is at present touring through the German clinics and offices of syphilidologists. name is Ichthargan, or to be more precise, argentum thio-ichthocarburo-sulfonicum solubile. It is a combination of silver and ichthyol derivatives, and is pronounced to be a highly energetic foe of the microbe world. The gonococcus is brought by it to death in a solution of 1 to 100, and this in a short space of only one minute, while a solution of 1 to 1000 will kill the streptococcus in twenty minutes, the typhoid bacillus in five and the diphtheria bacillus in (Aufrecht, Deutsche thirty minutes. med. woch, 1900, No. 31.) Ichthargan is used in gonorrhea in solutions of between 1/2000 to 1/3000, and is claimed to achieve much more than any of the old and new remedies prescribed for this trouble. (Two articles in the Therap. Monatshefte of March, 1902, by Drs. Saarfeld and Goldberg.)

ALCOHOL IN GASTROTHERAPY.

Habitual consumers of alcoholic beverages will hardly approve of the unesthetic use of these articles as recently inaugurated in medical practice by Dr. Spiro (Munch. Med. Woch, Oct. 15, 1900). He has found that absolute alcohol, and alcohols in general of the adequate strength, produce a marked stimulating effect on the secre-

tion of gastric juice when applied per rectum, even in small quantities of from 1 to 10 Ccm. The highest degree of gastric acidity has been noticed by him under this treatment not later than an hour after administration of the enema. No effect has been observed in cancer and Einhorn's achylia gastrica.

PHYOSTYGMIN IN INTESTINAL FLATU-LENCE.

Prof. C. Von Noorden (Bcrl. kl. ll'och, 1900, No. 42) finds physostygmin salycilate in doses of 1/200 grain thrice daily, cautiously increased to the maximum of 1/20 grain in very obstinate cases, a most powerful remedy to excite contractions of the intestinal musculature.

He reports excellent results in cases of excessive flatulence, in typhoid tympanites, also in flatulence of peritonitis. Any untoward symptoms are successfully combatted with the antagonistic atropine.

SPASMODIC BRONCHOSTENOSIS AND ITS TREATMENT.

In an article entitled "Spasmodic Pronchostenosis," (Med. Rec., Dec. 7, 1901). Dr. Albert Abrams of San Francisco disassociates this affection

from bronchostenosis as ordinarily interpreted, the latter being, relatively speaking, a permanent condition, while the former only a transitory one, or, practically, naught else but asthma without paroxyms. The affection is generally associated with bronchitis, and characterized by all the symptoms of the latter plus a spasmodic cough which is exceedingly distressing to the patient, and usually resists the conventional expectorants, sometimes persisting for an indefinite period after the resolution of the bronchocatarrh. Of pharmaceutical preparations Abrams has found none better for this trouble than iodide of potassium, given, of course, with circumspection. medium daily dose should be about 30 grains. Five drops of tincture of belladonna with each dose will prevent the objectionable iodine coryza. The following formula is of value in certain cases of spasmodic bronchostenosis:

R Iodidi potassi.......drachm v Tct. lobeliæ......drachm x Spt. glonoin (1 per cent.)..m xvi Elix. brom. potassii q. s.

ad.....ounces iv M. D. S. One teaspoonful t. i. d. after meals. The dose may be gradually increased if necessary.

Gynecology and Obstetrics.

Conducted by Clarence L. Wheaton, M. D.

ON THE DETERMINATION OF SEX.

Kuester (Klinisch-therapeutich Wochenschrift, January, 1902) has made accurate observations for a number of years regarding the possibility

of influencing the sex in conception, and had also done some experimental work in the family of friends.

He considers the production of a female child to be the rule in all cases in which sexual congress takes place frequently after the cessation of the menstrual flow, and fecundation occurs Otherwise, if the intervals between coition are longer, impregnation occurring from ten to twenty days after cessation of the menses, a male child is In addition to his own obthe rule. servations he bases these statements upon the frequency of the first born being a male child, explaining this by the fact that marriages are solemnized about the middle of the period, by the frequency of boys being born in reigning houses in which marriages are usually the result of politics and convenience, and by the frequency of girls when love is the main factor in the marriage. Cases to which this rule is not applicable he explains by the differences in age of the couple, the possibility of an old ovum becoming impregnated instead of the one recently shed.

PELVIC FRACTURE DURING LABOR.

Bird, in the American Journal of Obstetrics, February, 1902, reports a case of pelvic fracture during labor. was accompanied with severe pains. The physician and nurse, while holding the patient's right thigh and leg, heard a snapping sound. After delivery there was found on examination a slight displacement of the fragments of a diagonal fracture with mobility and crepitus in the right horizontal ramus of the pubes. A seven-inch rubber adhesive plaster was passed snugly around the pelvis, so as to make necessary pressure and avoid soiling, and she was kept without change of position as far as possible. She was

catheterized every six hours for two weeks and great care was exercised as to cleanliness. The plaster bandage was removed the fifth week. By the seventh she was walking about, and in three months had fully recovered, walking naturally and showing no symptoms of the injury.

VENTROSUSPENSION OF THE UTERUS.

Cousins, in the Journal of Medicine and Science, reports a new operation for suspension of the uterus, as follows: "An incision is made in the median line just above the symphsis about an inch and a half long, or of sufficient length to admit two fingers, that the uterus may be brought up into the wound for inspection and at the same time any adhesions present may be broken up. After having gotten the uterus and its adnexa free and perfectly movable, I dissect away from the skin and the subcutaneous fat down to the fascia of the rectus muscle, pushing it back from the edge of the incision for about an incli and one-half. I then take a sharp pair of forceps and introduce them about an inch and a quarter from the edge of the median incision, on a line with the lower angle of the abdominal incision. The forceps are then pushed through the fascia, muscle and the peritoneum into the abdominal cavity. The next step of the operation is to grasp the round ligament about an inch and a half away from its uterine attachments and draw it up through the punctured wound made by the forceps through and above the external fascia of the rectus muscle. It is sutured there with catgut sutures. This procedure is repeated in the opposite side and the abdominal wound is closed with through and through silkworm gut sutures and a running catgut suture for the fascia of the rectus muscle. The uterus thus suspended has a space between it and the abdominal peritoneum. The outer extremity of the round ligament is put on a stretch which thus lifts the broad ligament forward and upwards and suspends the ovaries.

It has a certain advantage over the Kelly operation, and though he has performed it only three times the results have been always good. It is less inconvenient to the patient, as she is allowed to be up in fourteen days and leave the bospital in two and one-half weeks.

STUDY OF ECLAMPSIA CASES.

Braitenberg states that he has had occasion to observe forty-six cases of eclampsia in the last fourteen years, a proportion of 5.47 per cent. of the total number of births. Only twelve occurred in the parturients who arrived at the clinic after labor had commenced. The others were all in persons who had been for some time in the institution, the maximum eight weeks. These cases in the clinic occurred sometimes in groups, once coinciding with an epidemic of in-The six cases in multiparæ fluenza. were all extremely mild with merely a single eclamptic attack, except in one case of carbolic poisoning. Nearly 33 per cent. of the patients had an abnormally small pelvis. Albuminuria was pronounced in all but four patients. The eclampsia developed during the pregnancy in four with an average of ten attacks and 25 per cent. mortality, during delivery in 24 per cent. with an average of three and five-tenths attacks and mortality of 12.5 per cent., during the puerperium in eighteen, with only two attacks and no mortality. eighteen cases in which delivery was artificially accomplished there were no further attacks in 50 per cent. In two fatal cases marked cerebral apoplexy was found at the autopsy, so pronounced in one case that it may have been the primary affection and might have developed without the pregnancy on the basis of an old endocarditis and atheromatosis. In one case the fetus was extracted by Cæsarian section immediately after death. The heart beat had not been perceptible six hours before and the fetus was in extreme rigor mortis.

AFTER HISTORIES OF IOO CASES OF SUPRAVAGINAL HYSTERECTOMY FOR FIBROIDS.

Crewdson Thomas, M. D., M. R. C. P., reports in the London Lancet for February, 1902, his observations in 100 patients operated on for fibroid tu-In every case except two the benefit resulting from the removal of the tumor had, in the patients' opinion, fully compensated for any evil sequelæ, such as severe artificial menopause, constant abdominal pain, trouble Many were enthusiin the scar, etc. astic as to the relief gained, stating they had never been so strong in their lives before and that they were enjoying perfect health. Ninety per cent. of the patients were able to perform hard work with comfort, 8.3 per cent. were only able to do light work.

One of the cases operated on was of special interest. The patient, being a professional vocalist, had been warned against the operation as it was said she would lose her voice. A large fibroid and two cystic ovaries were removed, but her voice, instead of becoming weaker, has increased both in power and in compass. Twelve patients were able to do their work with comfort, yet found that any extra exertion caused them to be easily fatigued. jority of them are patients who have not yet had time to reap the full benefit of the operation. There were eight patients who were unable to do their ordinary work with comfort.

Post operative pain was not experienced by sixty-one of the patients, thirty-one stated that they had had some pain in the abdomen, in many cases this had ceased within a year. In a few it was still present, but it caused them little annoyance. As a rule it was indefinite in character and depended largely on the condition of the bowels, but in no case had it been of sufficient severity to make an invalid of the patient.

The condition of the cervix which had been left behind has been a subject of much discussion, many maintaining that its presence is really a source of danger. In the majority of cases in which a vaginal examination was made the cervix was found absolutely normal in size, and had it not been for the bimanual examination, it would have been impossible to diagnose that the corpus uteri was absent. In some cases the cervix was smaller than normal and was atrophied, more especially in un-

married women who had both their ovaries removed.

Zweifel and Freund have described carcinomatous degeneration of the cervix as the result of leaving it. In none of the 100 cases were there any conditions that would lead to a suspicion of malignant change commencing, and there is at this time no evidence to prove that the percentage of women suffering from carcinoma cervicis is higher in those who have had supra-vaginal hysterectomy performed than it is in those who have never been operated upon.

Thomas' report of the cases operated is accompanied by a table showing the after results in 100 cases. His review of all the patients operated is most thorough and exhaustive.

ALKALINITY OF GONORRHEAL PUS.

The editor of the *International Journal of Surgery* says that the pus of gonorrheal vaginitis is always alkaline. If, for any reason, a microscopical examination cannot be made the use of a strip of litmus paper will give a very accurate decision.

INDICATIONS FOR THE USE OF FORCEPS.

- 1. In certain cases where delivery cannot be effected by the ordinary uterine pains, e. g., certain cases of narrowing of the passages from pelvic deformities (with conjugate of four and three-fourths inches) or tumors, rigid perineum, uterine interia, large feetal head.
- 2. In certain cases where the life of the mother or child is in danger; e. g., eclampsia, exhaustion, prolapse of the

cord, some cases of placenta prævia.

Generally speaking, if the head is engaged in the pelvis and there is no advance for some time the forceps should

be applied. In cases when the head is freely movable about the brim, version is preferable to the forceps.

NEWS ITEMS.

COUNTY HOSPITAL STAFF, 1902.

Medicine:

First Three Months—W. J. Rothwell, M. D., C. B. Van Zant, M. D.

Second Three Months — Henry Sewall, M. D., C. A. Graham, M. D.

Third Three Months—J. N. Hall, M. D., G. E. Tyler, M. D.

Fourth Three Months—H. B. Whitney, M. D., J. Nicholl Vroom, M. D.

First Four Months—(Homeopath) George E. Brown, M. D.

Second Four Months—(Homeopth) Edwin J. Clark, M. D.

Third Four Months—(Homeopath)
C. E. Tennant, M. D.

Surgery:

First Three Months—C. B. Lyman, M. D.

Second Three Months—S. D. Van Meter, M. D.

Third Three Months—W. B. Craig, M. D.

Fourth Three Months — Leonard Freeman, M. D.

Twelve Months—(Homeopath) J. W. Harris, M. D.

Obstetrics:

First Four Months—Laura L. Liebhardt, M. D.

Second Four Months—T. M. Burns, M. D.

Third Four Months—T. E. Taylor, M. D.

Twelve Months—(Homeopath) R. O. Butterfield, M. D.

Gynecology:

First Six Months—C. S. Elder, M. D.

Second Six Months—I. B. Perkins, M. D.

Twelve Months—(Homeopath) William B. Welsh, M. D.

Diseases of the Eye and Ear:

First Four Months—Edward Jackson, M. D.

Second Four Months—John Chase, M. D.

Third Four Months—D. H. Coover, M. D.

Consultant-W. C. Bane, M. D.

Twelve Months — (Homeopath)
David A. Strickler, M. D.

Genito-Urinary Diseases:

First Four Months—George C. Stemen, M. D.

Second Four Months—John Boice, M. D.

Third Four Months — Sherman Thompson Brown, M. D.

Twelve Months—(Homeopath) J. W. Harris, M. D.

Nervous and Mental Diseases:

First Six Months—S. D. Hopkins, M. D.

Second Six Months—Edward Delehanty, M. D.

Consultant—H. T. Pershing, M. D. Twelve Months—(Homeopath) C. W. Enos, M. D.

Diseases of the Nose and Throat:

Twelve Months—Robert Levy, M. D.

Twelve Months — (Homeopath) Grant S. Peck, M. D.

Pathologists:

J. A. Wilder, M. D., Phillip Hill-kowitz, M. D.

Orthopedic Surgery:

G. B. Packard, M. D.

Dermatology:

J. M. Blaine, M. D.

Dentist:

S. Riche Loustano, M. D. S.

STAFF OF THE MERCY SANI-TARIUM, 1902.

Medicinc:

- C. E. Cooper, M. D.—January and February.
- G. E. Tyler, M. D.—March and April.
- J. N. Hall, M. D.—May and June.
- M. Kleiner, M. D.—July and August.
- A. Zederbaum, M. D.—September and October.
- E. P. Hershey, M. D.—November and December.
- Consultants—P. V. Carlin, M. D., Henry Sewall, M. D., A. Stedman, M. D.

Surgery:

A. H. Williams, M. D.—January to April.

- S. B. Childs, M. D.—April to July.
- L. H. Kemble, M. D.—July to October.
- J. S. Miller, M. D.—October to January.

Consultants—Wm. P. Munn, M. D., J. W. O'Connor, M. D.

Gynecology:

- E. A. Sherrer, M. D.—January to May.
- C. L. Wheaton, M. D.—May to September.
- G. C. Stemen, M. D.—September to January.
- Consultants—C. K. Fleming, M. D., Wm. S. Bagot, M. D.

Orthopedic Surgery:

J. N. Vroom, M. D.

Obstetrics:

- F. W. Kenney, M. D.—January to July.
- T. Mitchell Burns, M. D.—July to January.

Neurology:

S. D. Hopkins, M. D.—January to July.

Arthur McGugan, M. D.—July to January.

Consultant—Edw. Delehanty, M. D.

Pediatrics:

- L. B. Brasher, M. D.—January to July.
- C. A. Graham, M. D.—July to January.

Ophthalmology:

- E. W. Stevens, M. D.—January to July.
- Edward Jackson, M. D.—July to January.

Otology:

D. H. Coover, M. D.

Laryngology:

Wm. K. Robinson, M. D.—January to July.

Robert Levy, M. D.—July to January.

Dermatology:

J. M. Blaine, M. D.

Alternates-

In Surgery — Albert Silverstein, M. D.

In Neurology—George A. Moleen, M. D.

Attendance—

In Medicine-Tri-weekly.

In Surgery—Tri-weekly.

Other Departments—When notified.

The State Board of Medical Examiners of Colorado have filed information with the district attorney of Denver, Colo., against Dr. Gottfried Leon Hagenburger, charging him with presenting a forged diploma as credential for practicing medicine in the state of Colorado.

STAFF BANQUET AT THE NATIONAL JEWISH HOSPITAL FOR CONSUMPTIVES.

The National Jewish Hospital was the scene of a magnificent banquet tendered the members of the medical and surgical staff by the board of managers, April 2, 1902. Mr. Alfred Muller, chairman of the board, in a few well-chosen remarks introducing the toastmaster of the evening, Mr. Meyer Friedman, sounded the keynote for the evening's entertainment, good-fellowship and a jolly time. The menu, which we give herewith, was carried out in detail, and was in every respect

what the most fastidious devoteee of Epicurus could have desired.

"To pity distress is but human, to relieve it is God-like."

MENU.

Oyster Cocktail, Mock Turtle Soup, Fish, Saratoga Chips, Sardelles Sauce.

Sweetbreads, breaded, French Peas; Squabs on toast, Asparagus Tips; Roast Duck, Baked Apples, Currant Jelly; Potatoes, a la Hollandaise.

Frozen Punch in Orange Baskets, Queen Olives, Celery, Girkins, Pickles, Radishes.
Cold—Smoked Tongue, Smoked Goose Breast, Smoked Beef.

Edam Cheese, Neufchatel, Coffee, Ice Cream, Assorted Cake, Angel Food, Bread Tart, Assorted Fruit, Mixed Nuts, Salted Jordan Almonds.

Laubenheimer, Rudesheimer, St. Julien, Pontet Canet, Cigars.

"Throw physic(ian)s to the dogs."—with apologies to Shakespeare.

The toastmaster's introduction of each speaker created a good deal of The speakers, with unusual unanimity, all wandered far from the subjects of their toasts, and closed with a good story, which always had a point to it, even if the assembled doctors did not see it. Dr. Minnie C. T. Love, the last speaker to be called upon, pointedly illustrated the fact that there was no earthly reason why women should not be allowed to become medical men. She was unanimously voted a good fellow, and much of the success of the banquet can be attributed to her presence. The assembly broke up at a few minutes before midnight, and the doctors, after having inspected the new building, departed for their homes.

Everyone present voted the banquet a great success, for their palates had been tickled by the choicest viands, splendidly prepared by the excellent chef of the hospital, and their thirst quenched by the finest of old wines, not excepting even some extra dry.

Those present were Messrs. Muller, Friedman, Frankel, Boettcher, Harrison, Lehman and Grozier, Drs. Blaine, Boice, Bane, Levy, Freeman, Collins, Ort, Hillkowitz, Elsner, Jarecki, Kleiner, Beggs, Zederbaum, McLauthlin, Wetherell, Coover, Black, Burns, Robinson, Hartung, Howland, Love and Simon.

The Rev. Frederick Oakes, superintendent of the Oakes Home for Consumptives in Denver, has taken out a building permit for the erection of a cottage in that city. It is proposed to build and furnish the cottage and rent it to some deserving family one or more members of which are affected with consumption.

Dr. Johann Jacob Eisenhut celebrated his 102nd birthday at St. Anthony's Hospital in Denver, April the 3rd. Beginning life in the last year of the eighteenth century, he is now in the beginning of the twentieth century hale and hearty. Long may he live.

Dr. Louis Weiss of Del Norte stopped at Denver on his way home from inspecting his mining property at Vulcan, Colo.

Dr. R. F. LeMond of Denver has been spending a six weeks' vacation in California.

Dr. J. W. Elder has been appointed city physician at Albuquerque, N. M.

The Salvation Army has added one more to the numerous free clinics at Denver. It is situated at Fourteenth and Lawrence streets. The physicians in charge are Dr. Gottfried Leon Hagenburger, whose practice is limited to diseases of the chest, abdomen and stomach, and Dr. W. W. Wooding, who takes the subjects of diseases of the eye, nose and lungs.

At a recent annual meeting of the Board of Control of the State Industrial School for Boys at Golden, held March 19, the following officers were elected: President, Charles Landes, Pueblo; secretary, George H. Kimball, Golden. Ex-State Senator John Schermerhorn of Denver is the other member of the Loard.

Health Commissioner Clough of Denver, Colo., has discovered that some of the dairymen have diluted their milk with lime and sugar, thus giving it the appearance of great richness and improving the taste, without, however. improving its quality from a sanitary point of view.

Reverend Sister Mary Ann of Durango has taken charge of the Mercy Sanitarium in Denver, Colo., succeeding the reverend Mother Xavier. Sister M. Alcoque Houle becomes the superior of the Durango Sisters of Mercy.

Dr. Matt Root has been appointed assistant health commissioner of Denver, vice Dr. John A. Murray, the former assistant health commissioner.

Dr. Saling Simon of Denver, secretary of the staff of the National Jewish Hospital for Consumptives, was married at Memphis, Tenn., April 9, to Miss Sarah Lowenstein, daughter of Elias Lowenstein of that city, who has

taken prominent part in the work of conducting the hospital since its beginning. Dr. Simon's marriage was not an entire surprise to his friends, all of whom wish him and his bride a long and prosperous wedded life.

BOOK REVIEWS.

THE INTERNATIONAL MEDICAL ANNUAL, A Year Book of Treatment and Practitioners' Index. 1902, 20th year. Price \$3.00. E. B. Treat & Co., Publishers, 241-243 W. 23rd St., New York, N. Y.

The fact that this work has been published for twenty successive years is a proof of its value. Such works are really indispensible to the physician, as they present to him a review of medical literature which he could not in any other way obtain. Even with the greatest industry and care no physician is able to cover a sufficient amount of the field of our ephemeral medical publications to enable him to feel that he is reasonably keeping pace with the advances which the profession is constantly making. The work under discussion is in a position to do this for him through the agency of a large and well selected list of collaborators. We should like to give the names of those contributing to it, but lack of space forbids.

The first part of the work, occupying 80 pages, is devoted to a review of the new contributions in therapeutics, such as formic aldehyde, the new opium derivatives, dionin and heroin, the light treatment, suprarenal extract, urotropin,

etc. It is obviously impossible to mention them all here. In addition to these we have the later advances made in the employment of older remedies and a satisfactory review of the progress in our knowledge of toxins and antitoxins.

The second part, devoted to new treatment, occupys some 570 pages, being practically an encyclopedic dictionary of medicine and surgery. This will form a treasury of information. The careful examination of this department reveals that there is scarcely a disease for which the physician may be consulted in which there has not been some progress made.

The third department gives a short description of several miscellaneous subjects.

The work is well illustrated and will be found an exceedingly valuable addition to our libraries. It is not to be thought that, being a year book, its value ceases with the year in which it is published. The preceding volumes will be consulted almost as frequently as the current one.

THE MEDICAL NEWS POCKET FORMU-LARY, NEW (4TH) EDITION. Containing 1,700 prescriptions represent-

ing the latest and most approved tration of the particular drugs given. methods of administering remedial agents. By E. Quin Thornton, M. D., Demonstrator of Therapeutics, Pharmacy and Materia Medica in the Jefferson Medical College, Philadelphia. New (4th) edition, carefully revised to date of issue. wallet-shaped volume. strongly · bound in leather, with pocket and Price, \$1.50, net. Brothers & Co., Philadelphia and New York, 1902.

Some of our readers may remember the comments made last year in reviewing the third edition of this work. has suffered nothing in the present revision; rather it has been improved. Some of the older prescriptions, which could best be spared, have been omitted and their places taken with newer formulæ containing the newer materia Among these we need menmedica. tion only those giving the advances in the methods of removing powder stains. the use of apomorphine as a sedative in maniacal cases, the directions for the use of the newer anesthetics, chloretone and orthoform, as well as the employment of adrenalin for hemorrhages and the presentation of formulæ containing the newer tannic acid and silver compounds.

The arrangement of the work remains unchanged. The diseases are given alphabetically, followed by the prescriptions written according to both the metric and the apothecaries system. In the formulæ, attention is paid to the palatability and elegance of the preparation. They are followed by the special indications which call for the adminisAltogether the work will form a very convenient vade mecum for the student and also for the busy practitioner.

Manual of Child-bed NURSING. With Notes on Infants. By Charles Jewett, A. M., M. D., Sc. D., Professor of Obstetrics and Diseases of Women in the Long Island College Fifth edition, revised and Hospital. enlarged. Price 80 cents. E. B. Treat & Co., Publishers, 241-243 W. 23rd St., New York, N. Y., 1902.

This little manual is not intended to be a text-book, but rather an aid to nurses in remembering the most important practical teachings of obstetrical nursing. The subject is presented topically, we might almost say in a tabular form. Its teaching is necessarily dogmatic from its brevity as wel: as from the scope of the work. Opportunity is not given to enter into a lengthy discussion of the reasons for and against the different rules laid down. The work takes up the entire subject of the care of the patient from the time of conception until the child is old enough to no longer require close supervision.

THE HYCEIA DINING ROOMS

(The Vegetarian)

1635 CHAMPA ST., DENVER, COLORADO.

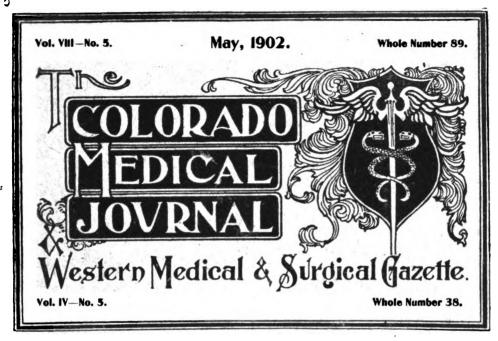
Conducted by the Colorado Sanitarium, branch of the Battle Creek Sanitarium.

Everything we serve is of the very highest quality, prepared carefully, cleanly, and tastily by cooks trained at our sanitarium for this especial work.

PLEASE CALL ON US

Table of Contents on Advertising Page 3.

Do you read the Advertising Pages? If not you are missing something good.



THE COLORADO MEDICAL JOURNAL 133 West Colfax Ave., Denver, Colorado.

WM. N. BEGGS, A. B., M. D., ALLISON DRAKE, Ph. D., M. D., Editor and Publisher
Associate Editor

Entered at the Postoffice at Denver, Colorado, as second class matter.

MERCAURO THE TONIC ALTERATIVE

BUILDS UP WHILE IT ELIMINATES"
PRODUCES DESIRED MERCURIAL EFFECTS
WITHOUT DISARRANGING
THE
ALIMENTARY TRACT

THERE IS ONE MERCAURO
THERE ARE MANY IMITATIONS

CHAS. ROOME PARMELE CO.,

Digitized by Google

THE HELPING HAND

We desire your success, and can help you in your medical and surgical practice. Write us for an illustrated scientific treatise on

BOVININE

or the treatment and cure of disease by auxiliary blood supply. Hundreds of clinical cases reported. The effects of this treatment, both topically and by internal administration, are beneficent and far reaching. If your patient cannot **produce** good and sufficient blood, **introduce** it, opposing to disease the greatest power to prevent it.

THE BOVININE CO., 75 West Houston St., New York.

LEEMING MILES & CO., MONTREAL. Sole Agents for the Dominion of Canaga.

in nutro proper a recommenda de la completa del completa de la completa de la completa del completa de la completa del la completa de la completa del la completa de la com

THIS SPACE FOR SALE

ADDRESS
THE COLORADO MEDICAL JOURNAL
DENYER, COLORADO

THE COLORADO MEDICAL JOURNAL

..ARD...

WESTERN MEDICAL AND SURGICAL GAZETTE

A Scientific Medical Journal, Published in the Interest of the Profession of Colorado and Adjoining States—A Journal of Science, of News and of Medical Lore.

Vol. VIII.

DENVER, COLORADO, MAY, 1902.

No. 5

ORIGINAL COMMUNICATIONS.

The Mission of the Man of Science.*

By DAVID UTTER, D. D., DENVER, Colo.

GENTLEMEN—I thank you for the honor you have conferred upon me in asking me to make this address.

I suppose it to be my function upon this occasion to welcome you to the great world, and to your contemplated activities therein, to your work, in the Your fellow-workers largest sense. must welcome you to the especial duties, emoluments and privileges of your chosen profession—or at least receive you in their way, whatever it is, whether the cold-shouldering of jealous rivalry or the warm hand-clasp of brotherhood and good will. I welcome you to your wider duties and privileges as men, simply as men, and as men equipped for special work whose preparation for that work adds to their worth as our fellow-citizens in the community and as our fellow-men in the world.

The world is ready with its welcome and honor for professional men. There may be a certain fitness in choosing a man of my profession, the most discursive of the three ancient professions, to voice this greeting from the world to this class, who, after arduous studies in preparation stand now upon the threshold of their life work. we ministers are not only discursive in our talk, and not only run over the whole field in our thought, our smattering of knowledge of infinite variety and our diversified activity, but we have a sort of feeling that the whole field is ours. It may be a sub-conscious memory of the far-away time when the three professions were one and we were that one.

However that may be, we deal with people of all professions and callings

^{*}Address at the Commencement Exercises of the Denver College of Medicine, May 11, 1902.

and walks in life, and if we don't know something of the world, as we grow old the fault is ours alone.

But not to emphasize the weakness of my profession by being too discursive upon this occasion, I wish to speak of your mission as men of science, your mission in the broadest sense, not only in your professional work but in your extra-professional life.

And first let me speak an appreciative word of the man of science in general. I have in my mind a sort of abstract image, as it were, a composite photograph, that I call a man of science, and for him I have the most profound admiration. As I see him he is one of the greatest of men. Never thinking of himself more highly than he ought to think, he is the man of supreme worth so far as the progress of humanity through the ages is concerned, and so far as the whole and wholesome, strong and beautiful and good lives of men in this great and beautiful old world is concerned. He is the man who unswervingly seeks the naked truth, unbiased by any human interest, and tells out in plain words what he sees, without apology or preface or persuasion, and tells it all without reserve. works not for praise nor reward; so that he may live and work, alike for him are shame and fame. I think his is the supreme devotion of all the devotion in the modern world. cover and declare the sacred fact is the absorbing passion that drives him by night, by day, across desert wastes or polar snows, to plague-stricken city or field of battle, to the thin, cold heights of the atmosphere, to the dark depths of the sea, and holds him charmed at his work till he forgets hunger and cold and friendship and wealth and glory, that he may dig out to the uttermost root the thing that Is, see it, know it, and declare it. And as a result of his devotion, of all those who out of strenuous labor give gifts to men, none bring to humanity treasures more precious nor more abiding than he, the man of science.

And you, my young friends, are men of science, all of you imbued, inspired, to a great degree I trust, with this spirit of the ideal man of science which does so much to enlighten the world and to lighten the labors of mankind.

We often hear it questioned whether medicine is a science. The question I suppose is a foolish one, in view of the fact that no science is complete, absolute or perfect. The knowledge that pertains to your profession is an everincreasing sum. Year by year old mistakes are corrected, old theories vanish in the presence of new discoveries and more exact apprehension of facts, and clearer perception of relations between facts. It is greatly to the credit of the medical profession that its members are ever learning and ever willing to learn. They have no dogmas that must be received unquestioned. They keep. the open mind that is ever ready to reconsider, to abandon old errors and accept new truths. But in the eyes of the ignorant multitude this disposition, so greatly to your credit, this very attitude which is your glory is made a reproach. When it is seen that your practice is not the same in this particular, and in that, as it was a few years ago,

some smart men shake the head and say, "You see, medicine is not a science! No two doctors agree. They are changing all the time. They don't know anything; they just experiment."

There is an old conception of "a science." founded, I think, upon an idea of mathematics as a science, that ought to be done away. The conception is that anything called a science must be exact, complete, and unchangeably correct and true in all particulars. Nothing but mathematics can answer to such a description of a science. In geology, astronomy or any other so-called science we simply learn what we can. apply what knowledge we have as well as we can and make no pretenses to perfection or completeness. If you speak of the science of geology you merely refer to a mass of knowledge, and inferences pertaining to the structure and history of the earth. You understand perfectly that men who are learned upon that subject count few questions as closed, have no dogmas, no finanlities, are always ready to verify their knowledge, correct mistakes of fact, and to admit the uncertainty of their inferences. Yet it is right to call geology a science, meaning thereby the extant science applied to that subject.

And in like manner it is right to speak of the science of medicine. As the well-informed understand the phrase, it means the sum of all present knowledge and theory as applied to the human body in health and disease.

The term medicine may be a little unfortunate as a term used to describe a science, for in its narrower use it means drugs, the administration of spe-

cifics for the cure of disease. Your field of knowledge and work is much broader than that. It is the science of physical life. And, since the mind so closely impinges upon the body, and is at once so dependent upon bodily functions, and is so influential in the control and care of the body, we might almost omit the word physical and say your field of knowledge and work is the science of life. It is something vastly more than the habit of doctoring people. Perhaps the habit of doctoring should be included among the bad habits. For my own part. I hate the words doctoring and cure. I should like to banish the word cure from the language, it is so greatly abused, and carries to the masses of people a sort of miracle idea that has no counterpart in the world of fact. People get well!, there is the great fact, thanks to bountiful Nature and the persistence of life. And vou physicians help people to get well, by your knowledge and treatment and instructions, you prolong their lives, you add years of comfort, you subtract years of pain, but in the common conception you do not cure, and so I wish we could cease to use that word. my mind at least it is associated with charlatans and the ignorant, "no cure no pay" sort of doctoring that vet is so dread a scourge to the human race. You will place people in right living conditions, you will instruct them in right living, you will eliminate sources of infection and help them to avoid and overcome disease, but you will never exaggerate their real danger to enhance your own glory when you have performed a cure.

You are devotees of science, and yours is a very important part of the science of life. And in the present state of knowledge so great is the sum of things that you should know. in theory and tangibly also, that after all the division of labor (specialties) that has come into your profession your learning must continue through life. your study will never end while you live. It is understood generally now, in all professions, that education can never be completed. Perhaps least of all in your profession can education be complete. For in recent times such strides in knowledge have, I think, been made nowhere else as in medicine. It seems as though every advance of science in every field has thrown light upon your problems and your work. If biology and zoology advanced, the new items of fact had their place in your theories confirming or demolishing the hypotheses upon which you were working. If chemistry advanced, it was in organic chemistry that most was revealed, and that is your field. If the science of electricity became more exact to tell just how a current proceeds from ion to ion through a liquid or a gas. there were most interesting suggestions for you as to nerves and nerve currents and even as to the very nature of life itself. If there were gains in the science of optics, your microscopes were improved and the ease increased with which you entered and explored your vast new field of bacteriology. There's room there for devoted work for thousands of lives for many years, before that field will cease to yield results of utmost importance to our race.

A recent article in the Atlantic Monthly upon the "Study of the Infinitely Small," shows how forty years ago the tendency of science was toward the study of large things—the whole earth, measurement of its size and weight, the sun's distance, the whole heavens, the whole race of man, its origin, evolution and historic charac-The direction of study toteristics. day in all the best and most fruitful scientific work is toward the infinitely small. The modern chemist and physicist have conspired to tell of "electrons" attached to atoms and wandering "ions" with similar functions, and they give up as measurements of these very important little bodies fractions with one for a numerator and for a denominator a number equal to that which gives in miles the distance to the sun or some fixed star.

I remember preaching a sermon in my youth, thirty or forty years ago, not to be too exact, a sermon upon the pursuit of useless knowledge-a very good subject. And I said some good things, so good that I remember them. One was that it might seem useless for a man to work a lifetime in perfecting the microscope or for another to spend his life studying the minute structure of tissues or infinitesimal forms of life. And yet it might prove, I ventured to prophesy, that knowledge seeming so utterly useless would be of the utmost benefit in after years. It might prove that many fevers and malignant diseases were caused or disseminated by germs and life forms that could not be seen without most perfect instruments and infinite patience in study. It was a good thing to say. I remember where I got it. I borrowed it from Tyndall's "Dust and Disease." I always did think it helped a sermon to throw in an occasional chunk of scientific knowledge.

Could men of your profession borrow anything from us so useful and beneficial? This question brings me to the second and only remaining piece of advice I have to give on this occasion. The first was that you keep up your studies original research), (including second is that you take a leaf out of book and communicate your knowledge and doctrines more freely to the world. In common with all men of superior education, you owe to the general public a free and hearty participation in its education. By talking, help educate the public. You very well know how woefully ignorant this general public is along the lines of your special knowledge. I think it your duty, each to do your share in freely giving enlightenment by the way as you go through life, to every one capable of receiving what you have to give.

This suggestion may not strike favorably the physicians present. I see many difficulties in the way of carrying it out myself. It may be said that it is already done as far as it can be properly done—that physicians do talk as much as they ought to, some of them more. That they are always willing to give information.

Some physicians do help to educate the general public all that is right and possible for them, no doubt, but many I think do not. It seems as though some thought that if they talked freely with people outside their profession upon medical subjects, it would hurt their practice. Or as though they said: "This knowledge is mine, I acquired it, it is my property, it cost me dear and it is for sale; shall I then give it away?" My plea is yes, give it away! Tell everybody all you know—subject only to your best judgment as to their ability to so understand as to receive benefit, or power to benefit others.

I have felt that there is a sort of reticence among those of the medical profession inherited from the ancient times of esoteric knowledge, or pretense of such knowledge, when priest and physician were one.

I acknowledge the danger of the talking physician being misunderstood. I know he might subject himself to the accusation of "talking shop." But that's what I want him to do. That's what I like to have everyone do—talk of what he knows most about. This matter of education through talk is a greater thing than anybody knows, greater at least than is commonly understood. And there's no class who could do so much good by judicious talking shop as the well read physician of wide experience.

I'll venture to give an illustration notwithstanding its personal note. While-I was writing this address and after I had made up my mind to say this, came a letter from California telling of the death of my brother's wife and two children, all in a week, with diphtheria. I think some doctor within the last five years ought to have told that brother of mine all about what has been done with anti-toxin. I feel sure he did not

I know your reasons for not advertising-they are good. I know you can't compete in talk with quacks and charlatans. But you know the difference between the sort of talk that will help people, educate them, enlighten them, and the sort of talk that is intended simply to get their money. You are modest and conscientious and the more scientific you are the more averse to seeming learned and wishing to make a show of your knowledge. But you can take my standpoint of measureless pity for the ignorant who are a helpless prey to delusions of a thousand kinds, some new, some hoary with age, upon medical topics.

I'm sorry I spoke of giving advice. I'm not capable of advising you in regard to your own subjects. But I ask, isn't there something that can be done in an educational way to help people to keep their health?

I have thought that there ought to be a course of popular scientific lectures kept up in Denver, free to everybody, going over a large part of the subjects that you graduates have gone over in the course you have just completed. Give the people knowledge. Teach them enough of your subject so that they may have some reasonable ground for choice of a physician when they need one, and so that they may at least suspect their need of one in time.

I know some things are taught of physiology and hygiene in the public schools. The teachers are the only ones who benefit by that, I think. The pupils are not old enough. It's the fathers and mothers who ought to have the lectures I am advocating, and the

friendly and wise counsel from their physician that I urged a moment ago.

I feel that there may be something practical in these suggestions, and if so vou will remember them. You young men are about to enter one of the greatest and noblest callings in the world. Go, I pray you, with the true devotion of the man of science and with the kindly, pitiful heart of the devoted Christian. Let neither the ambition for fame nor the greed of gold turn you aside from its noblest, purest, highest ideals. For after all the love and gratitude of your fellow-men is of greater worth to you and indicative of greater worth in you than boundless wealth or world-wide fame.

I hear good and pleasant things of Denver University this year, things that we are all very glad to hear. We hear that it is beginning to prosper. years ago, when I came to Denver, I gained the idea that Denver University was a rather feeble institution, though doing a useful and even necessary work. was struggling with adversity. There wasn't money enough to go round. At that time many institutions and many people were having a similar struggle. With the turning of the financial tide life revived in this institution, though on account of its great debt it was still crippled. During this year some \$90,000 of that debt has been raised, the burden has been lifted and the future of Denver University made secure. All honor to Chancellor Buchtel and those who have worked with him upon this herculean task and given so generously to this cause. chancellor is known to be a man of

ability, and he surely is a man of great persuasive power and vast perseverance to accomplish so great a result. Such courage to undertake, and such unflagging industry and fairly obstinate continuance as he has shown in this work are beyond praise, as they arise from deep convictions, that wait not upon conditions, count not the cost, but inspire to work that simply must win. In our hearts we all honor such men. I'm glad Chancellor Buchtel is in Denver and is building up this institution. His theology isn't as sound, in my estimation, as my own, but he is doing a great work that, in common with all citizens of Denver, I appreciate. And with him we honor the loval band of professors and teachers, who have stood by this institution in the dark days, and, I hope, are now to reap their reward. They'll never get all they deserve. Men who do the highest and best work for humanity never do get all they deserve in the way of material reward. But it is a great thing to found or help build an institution that will live after they are gone and carry its blessings of light and larger life to thousands in the generations yet unborn.

Over 1,000 students this year in all departments have attended Denver University. Classes better prepared than formerly are coming in, and better work in all departments is being done.

The Attitude Assumed by the Laity Toward the Profession in Respect to the Discharge of Its Pecuniary Obligations.*

By B. S. ROSEBERRY, M. D., VICTOR, COLO.

I have chosen this title for this paper as being fairly expressive of the subject which we are to discuss this evening. It is a subject in which we are all deeply interested, and my earnest hope is that in the full and free discussion to follow, we will be fortunate enough to hit upon some solution of the problem as to how best to meet the situation and modify the attitude of the laity in a manner favorable to our material interests.

~9(7) 1 15

I think none will dispute that the public in general, with some exceptions,

entertain views regarding their duty to their medical attendants in respect to the matter of liquidating their honest obligations, that have worked and are constantly working great injustice and many hardships to the members of the hardest worked and poorest paid profession on earth. Statistics make dry reading and dryer listening, and I will not burden you with any this evening, but it would be no difficult undertaking to substantiate by figures drawn from actual experience the absolute truth of the statement just made. No

^{*}Read before the Physicians' Business League of Teller County, Tuesday, March 4, 1902.

man of our profession of ten years' experience would, I think, were he about to begin life over again, adopt medicine and surgery as his life work, were he actuated simply by the desire to acquire wealth. If perchance when he began his career he entertained any idea of quickly and early attaining a position of affluence this very dream would have been rudely dispelled even before the completion of his first decade of experience.

The motives that cause most of us to continue on in this profession of selfnegation and toil are far and away from those of a pecuniary nature, but this phase of the question does not enter into our subject matter for discussion on this occasion. The matter which most interests us as individuals and as an association of physicians and surgeons of the Cripple Creek district is the attitude assumed by the laity towards us from a business point of view, its acknowledged unsatisfactory features and the best means to be adopted in order that a change for the better may be effected. Naturally it is necessary to define preliminarily what this attitude is. I should say unhesitatingly that it is one of extreme indifference in the matter of remunerating us for our services, and this would be putting the case very mildly and conservatively.

People when in sickness and distress fly instinctively to the medical man for comfort, protection and relief, and as promptly forget all about the necessity for remuneration when the danger is past and a condition of health restored. They seem not to think that they are in any way in honor bound to settle with the physician for services rendered. while readily acknowledging their liability for pecuniary obligations of most any other nature. The man who will promptly pay his grocer, butcher or tailor, and do so as a matter of course. will utterly ignore month after month a bill long overdue to his physician and assume a position of great and offended dignity if the latter presumes to remind him by word or statement of the existence of his debt. Indeed he will oftentimes pay in advance a good round retainer's fee to some member of the legal profession to prove or attempt to prove that medical services are not worth paying for in coin of the realm. It hath been truly and tersely said as indicating this attitude of the layman toward the physician:

"God and the doctor we alike adore, When sickness threatens us, but not before;

The danger past, both are alike requited,

God is forgotten and the doctor slighted."

Now, why do these conditions exist? Why is it that men are so indifferent in regard to the settlement of medical claims, that it has become an axiom and a by-word, "As hard to collect as a doctor's bill"? It seems to me that the causes are not far to seek though somewhat manifold in character. First I would say that we of the present time, during the last half century say, are being made to suffer for the mistakes of our predecessors in the craft. It requires but a little acquaintanceship with the history of medicine from this point

of view to remind us of the fact that our forefathers, great, dignified, pompous fellows withal, were accustomed to regard themselves as being so far away from and so mightily elevated above above the common affairs of ordinary business life, as to render it incompatible with their dignity to step down to the consideration of so ordinary and trifling an affair as that involved in the collection of filthy lucre as remuneration for the rendering of scientific services.

The typical medical man of a century ago was a picturesque figure, a mighty man to look upon, the embodiment, indeed, of the quintescence of scientific attainment and intellectual grandeur, the personified exponent of all the dignity, arts and graces of the ages-a name mighty wherewith to conjure, but as a business man-alas-a stupid fail-Naturally it could not be otherwise under the conditions stated. And so these our worthy primevals—as Mark Twain would call them-treating with haughty and dignified indifference the business side of our calling, never rendering a bill for services, taking with an air of assumed superiority whatever stipend should happen to be tendered them by a perchance appreciative patron, gradually, though surely, inculcated the idea into the mind of the laity that it was a matter of trifling importance whether pecuniary remuneration for professional services was or was not made. So they passed on down to us this heritage of the days of the dignified though impecuneous disciple of Galen and Aesculapius.

It takes long to correct the results of

an error. This tradition—so to speak -of immunity from obligation in respect to the payment of a doctor's bill. still exerts its baneful influence and casts over the profession of the present day unwelcome and harmful shadows of the past. But this is not the whole We cannot take refuge exclusively behind this pillar of defense and thereby wholly, or, indeed, in any very great degree, relieve ourselves of the responsibility resting upon our own shoulders for the condition of affairs as we find them to-day. This is an age of strictly business methods in all departments of human endeavor, more so than any previous one in man's experience, and it is largely the fault of the members of our profession to-day that we alone—I think I may truthfully say -as a body of workers have failed to profit as we should by the spirit of the times. And so the injustices to which we are subjected are largely due to our own faulty methods of conducting the business side of our profession.

Many of us are still, by our own manners of attending, or not attending. to our own business affairs, creating in the minds of the public-as our predecessors did-an impression that we do not need money to carry on our prac-By irregular and lax methodsallowing ourselves to be put off at the will and pleasure of any and all who choose to be tardy in recognition of their indebtedness to us, we convey to them the idea that we are poor specimens as business men, and that in some mysterious or occult way we can manage to live and meet our own obligations whether paid for our work or not.

It may be that to a certain extent they are excusable for entertaining this view of the matter, inasmuch as by our actions we more or less constantly foster it. Now surely we are reprehensible in this regard and should earnestly endeavor to cultivate a strictly business spirit in our dealings with our patients and no longer leave ourselves open to the charge of incompetency on the business side of our calling.

Consider for a moment, if you please, the effects of all this on ourselves as well as our patrons. On ourselves the tendency is to lower that wholesome self-respect we should always maintain —an important factor—in the economic life of the community in which we live and work. No man can truly and properly maintain the full modicum of respect for himself that he should while constantly conscious of the fact that he is quietly acquiescing in unjust treatment from those with whom he is thrown into daily contact. This is the effect upon us morally, and, as a result, we soon lose caste in the eves of the very people who, together with our own aid in the matter, are responsible for the state of affairs indicated. If one habitually fails to stand for his rights and maintain his dignity it somehow soon produces a modification of his character that shows on the surface, so that even "he who runs may read," and the public, concluding that his estimate of himself is low, very soon, by irrevocable natural law, takes him at his own esti-I need not, I think, consume time in amplifying this sentiment. is too palpably true to need argument and will be readily admitted by all.

So much for unfortunate modifying influence upon personal character, but consider briefly the more patent and observable effects from a material standpoint. Money rules the world under any and all conditions. Without command of a sufficient amount of this necessary commodity we cannot properly equip and keep ourselves equipped for the battle we must constantly wage in our profession. I can only take time to briefly indicate. The rapidly advancing studies in scientific medicine and surgery of the last one or two decades make it imperative that we, in order to keep in the van of the profession, must keep ourselves constantly posted by possessing the best and latest literature; and to put sure knowledge into efficient practice, makes necessary constant outlay for the tools with which we work. What once sufficed for our degree of knowledge and needs, no longer meets the requirements. Instruments of precision in every department of our manifold calling are indispensible if we are to keep to the front and do good and efficient work, and these we do not get on a promise to pay. We must be prepared with the necessary cash or we fall behind in the race. This is one thing and a very important one, but there are still other considerations.

A physician owes it to himself and even to his clientele that he preserve his own health and strength up to the highest possible standard of working effectiveness. To do this he must occasionally lay off the harness, rest up, recuperate in mind and body, and this he ought to do at least for one month annually. He should attend the con-

vention of some important medical association at least once yearly and post-graduate work at intervals of a few years at most. In these days of rapid progress it is really a sine qua non to thorough professional efficiency. But how can this be accomplished without funds and where, with most of us, are the funds to be obtained if not in the form of just remuneration for services conscientiously and laboriously rendered?

I need not dwell further along these lines. You all feel and know the truth and force of statements like these. shall be obliged to hurry along, leaving untouched many points connected with this many-sided question for want of time first, and again for fear of unduly taxing your patience. Surely a goodsized book could be written, perhaps not unprofitably, upon this subject, for it is one that grows upon one and opens wide and extensive vistas of changes as it is pressed, and for the present permit me to make a few suggestions regarding what I believe to be among the best methods to adopt for the remedy of these evil conditions. Then I will leave the matter with you for discussion, feeling sure that in a multitude of counsel there is wisdom and that good cannot fail to accrue to us all from a free discussion by so representative a body of physicians as I see before me and whom I have the honor to address.

In my own humble opinion the remedies for the evils from which we suffer lie almost if not entirely in our own hands. We go in valiantly and heal the ills and assuage the suffering

of mankind. Let us with equal courage and faith start in on a crusade of reformation, as to its moral delinquencies. For the delinquent debtor is truly suffering from a moral disease. Let us endeavor to bring this conviction home to him and for his own as well as our welfare place him upon a course of curative treatment.

And now I desire to be as brief as possible, and suggestive only. First let us individually have business rules and adhere to them religiously. Make office work strictly cash. Do not depart from this rule. For bills due for services at the bedside, render promptly an account early in the month following the completion of the services. Do this either by mail or collector, but do it always and without fail to all alike without exception. It will show to each and every one that no distinction is made in this regard and that it is a rule made to be observed. Insist on settlement, in whole or part, on every account so rendered, within at most sixty days after such rendition. Settle by note whenever possible if cash cannot be obtained; it is easier to collect a note than a running account. Be ready and willing always to make a reasonable discount for early and prompt settlements; this is a point of great importance in more ways than one and nothing is ever lost by it. For accounts that are extremely difficult and which personally we cannot satisfactorily deal with, I would suggest that we establish a legal department as an adjunct to our league, and turn over to it all such accounts. Where suit by an individual physician becomes necessary, I would suggest it to be assigned to the league, and in case suit is won let half the amount be turned into the league treasury (in this way establishing a fund for the prosecution of such actions as they occur), the remainder to the claimant in the suit. I believe by adopting this method fewer suits will occur, as the knowledge on the part of the public that not one man but an association of men, stand back of every such suit will have a decided stimulative effect in causing settlement out of court. I should especially wish to have this suggestion freely and fully discussed.

I must not detain you longer and will close with this final suggestion, which I would crave the privilege of urging upon you with all the force and emphasis of which I am capable. It is this. In all we do let us stand together, all for each and each for all. In unity there is strength, and nowhere is this more true than in respect to the very matters we as physicians are now dis-

cussing. The interest of one is identical with that of all. To think and act otherwise were a fatal error. Much as we are charged by outsiders, I wish to say that an experience of more than one-fourth of a century has fully convinced me that there is no reason for selfishness in our noble profession, either towards ourselves or in our relationship to the public, and if no higher motive really did actuate us than a selfish one, he best serves himself who serves his fellow-man. Actuated by the same lofty motive, the best good of the profession as a whole, each member of our association, now so happily established, thinking, acting, communing with each other member, will have the sound satisfaction of seeing the association as a whole go on to ultimate triumph over existing evils and to fulfill to the uttermost the mission for the accomplishment of which it was called into existence.

Elijah the Second appears to be the subject of trouble and tribulation as well as prosperity. Some months ago his trials took the shape of a suit for several hundred thousand dollars by one of his followers, who claimed that the money had been obtained as a result of hypnotism and false pretenses and other practices scarcely creditable to one on whom the mantle of Elijah is claimed to have descended. The suit was decided against him. Now it is trouble of another sort. Small-pox has appeared in his heaven and John Alexander Dowie is having some difficulty

in convincing his quarantined followers that prayer will be as efficient as vaccination in preventing the spread of the disease.

Small-pox in the penitentiary at Rawlins, Wyo., caused that institution to be quarantined during a time in January.

We notice that St. Mary's Training School for Nurses of Pueblo, with no capital stock, has been incorporated by Sister Lawrence, Sister Sylvester and Sister Cephas.



THE COLORADO MEDICAL JOURNAL

AND WESTERN MEDICAL AND SURGICAL GAZETTE

A Monthly Journal for the Medical Profession of Colorado and Adjoining
States.

WM. N. BEGGS, A. B., M. D., ALLISON DRAKE, Ph. D., M. D., Editor and Publisher Associate Edito

	Associate Laitu
. DEPARTMENT	EDITORS
Respiratory and Circulatory Organs	A. S. TAUSSIG, M. DC. D. SPIVAK, M. DWM N REGGS A R. M. D.
Neurology and Alienism	B. OETTINGER, M. D. A. ZEDERBAUM, M. D.
Physiology and Hygiene. General Surgery. Ophthalmology and Otology. Laryngology and Rhinology. Gynecology and Obstetrics.	
Diseases of the Genito-Urinary System	DONALD KENNEDY, M. D.
Colorado Springs, ColoFrank L. Dennis, M. D. Pu Cripple Creek District, ColoM. D. Gibbs, M. D. Tr Fort Collins, ColoP. J. McHugh, M. D. Wi Greeley, Colo	adville, Colo

Subscription, \$2.00 Per Year.

Single Copies, 25 Cens

ORIGINAL ARTICLES, CLIN
CRISP EDITORIALS,

CLINICAL REPORTS, SOCIETY REPORTS, CORRESPONDENCE, NEWS ITEMS,

Invited from the Western States of Utah, Wyoming, New Mexico, Kansas, Nebraska, Arizona, but particularly from Colorado.

All matter intended for publication in the next issue should reach the editor by the first of each month. Each contributor of an article will receive ten copies of the Journal containing his article, upon application.

A reasonable number of illustrations will be furnished by the Journal free of charge if suitable drawings or photographs are supplied by the authors.

Address all communications to

THE COLORADO MEDICAL JOURNAL, 133 W Colfax Ave., Denver, Col

Vol. VIII.

DENVER, COLORADO, MAY, 1902.

No. 5

EDITORIALS.

THE STANDARD SHOULD BE MAINTAINED.

In a previous number we mentioned the disagreement in the State Board of Medical Examiners as to the desirability of licensing one of the candidates before it for permission to practice in the state of Colorado. At the time we refrained from making any unfavorable comment on the action of the majority of the Board of Examiners, inasmuch as we felt that there were insufficient facts in our possession to warrant an expression of opinion. Nevertheless, at the time we doubted the advisability of the board's action.

We extract the following from one of the Denver daily papers:

"REMOVAL.

"We have moved our office to 415 Tabor Opera House block, where we will practice medicine and also practice and teach osteopathy, magnetic and suggestive therapeutics. We will also furnish a complete typewritten mail course, with diploma to people who are unable to come to Denver and take a course of instruction."

"To people living a long distance from Denver we offer* free absent treatment. Send full name of person to be treated, age, history of disease, etc., and treatment will commence at once. We will pay no attention to letters of inquiry regarding free absent treatment, as it would take many typewriters and a large amount of money to carry on a correspondence that would naturally follow a proposition like this. Remember, we are doing the work free of charge.

"Send nothing in payment for absent treatment; if you do, the same will be returned to you at your expense, for under no circumstances will we receive payment for absent treatment. Address all communications to Dr. J. Edward Hilts, 415 Tabor Opera House Block, Denver, Colo. Office 'phone 244 Pink; residence 'phone, 153 Brown.—Adv."

Also in the Denver *Times* for March 15, in an account of the police proceedings against a servant girl petty thief, appeared the following:

"Dr. J. Edward Hilts, whose card says 'Osteopathy, Magnetic and Suggestive Therapeutics,' called at the headquarters this morning: "'If this.....girl is affected with the disease of kleptomania, I can certainly cure her by hypnotism,' declared Dr. Hilts. 'If she is a plain thief who prefers theft to honest work I cannot.'

"'I would put her in a hypnotic trance and then impress upon her mind that she must not steal.'

"Anabell laughed derisively through her tears when she heard of this."

It is not the intention here to discuss the question of the permissibility of advertising or of one's thrusting himself forward into such cases. Both questions may and do give rise to differences of opinion. It is also not our intention to discuss what constitutes quackery or charlatanism. There are certain principles which, it is generally recognized, should be inherent in the medical practitioner and a lack of which will necessarily result in a depreciation of its estimation at the hands of the people in general. We rather expect our Board of Examiners to safeguard the entrance to the medical profession rather than let down the bars. There are certain traits in individuals by which their future course of conduct can be generally determined in advance with a considerable degree of accuracy, and our colleges and licensing boards are in no slight measure responsible for any deficiency in the standing of the profession in general.

^{*}The postal authorities have been causing trouble to Francis Truth, Weltmer, and many others who have been advertising absent treatment and acepting pay for it.

As a general rule it is those individuals whose social surroundings and educational advantages have been deficient who fill the ranks of those deviating from the rules generally accepted by the profession for its guide. more pronounced these deficiencies and shortcomings the greater the certainty of their falling away from the ranks of their confreres. For this reason we may very justly call in question the advisability of making allowances or stretching points in favor of even those candidates who fall only a little short of the standard set for general guidance for admission to the profession.

CHRISTIAN FENGER.

The death of Dr. Fenger, which occurred in Chicago, March 7, 1902, removes from the medical profession one of its most prominent representatives and one of the world's greatest surgeons.

Dr. Fenger was born November 3, 1840, in Copenhagen, Denmark. During the war between Denmark and Germany he served in the capacity of surgeon until the close of the campaign. Dr. Fenger was also surgeon in the "Red Cross Ambulance Corps" during the war between France and Germany.

In 1877 he came to America and settled in Chicago. A year later he was appointed to the attending staff of Cook County Hospital.

During the last twenty-five years he has been surgeon to Cook County, Presbyterian, Mercy, Tabitha, Norwegian and numerous other hospitals in Chicago.

Dr. Fenger's contributions to medical literature gained for him a world-wide reputation. He was an original investigator, an expert microscopist and examined personally the various specimens obtained at his operations and autopsies.

Many of his contributions will stand without revision, while the science of medicine and surgery progresses, as evidence of his thorough and painstaking work.

Among his writings may be mentioned "Nerve Stretching," "Total Extirpation of the Uterus Through the Vagina," "Hyperplastic Salpingitis," "Operation for the Relief of Valve Formation and Stricture of the Ureter in Hydro-nephrosis," "Basal Hernias of the Brain," etc. C. L. W.

The projected union of the two medical colleges in Denver, mentioned in our last number, fell through, one of the institutions in question declining to adopt the recommendations of the joint committee. It is said that further negotiations will be made and it is sincerely to be hoped that a satisfactory agreement can be obtained and the colleges will unite.

Pueblo, while having had the greatest industrial activity in its history at the present time, has also been blessed with the greatest number of paupers in its history.

The Health Board of St. Paul, Minn., requires that all street cars be disinfected every night.

PROGRESS OF MEDICINE.

Ophthalmology and Otology.

Conducted by Melville Black, M. D.

In the New York Medical Journal of January 18, 1902, Dr. L. Webster Fox of Philadelphia describes his new operation for the implantation of a gold ball in the orbit from which the eye has been previously removed. Dr. Fox has been working along this line with great persistency for six years. His efforts have been rewarded with a fair degree of success, but he is of the kind who are only satisfied with complete success. He now feels that this new operation assures the permanent implantation of the globe in the orbit. Heretofore a certain number, from 15 to 33 per cent., of the globes escaped sooner or later. His new method of operating differs from the old in that the incision through the orbital tissues through which he inserts the gold ball, instead of being made in the center of the orbit, is made to one side. During the healing process there is no direct strain upon the closed incision. It is out of the line of pressure, therefore closes quickly and perfectly. He uses a metal conformer to retain the gold ball in proper position for the first few days after the operation. The conformer resembles in shape and size an artificial eye with a perforation in its center corresponding to the situation of the cornea, only not quite so large.

The implantation of this globe of gold serves to so fill out the orbit that there is no dead space behind the artificial eye to collect secretion and thereby cause irritation. The appearance of the eye is more natural, not having the sunken appearance common to artificial eyes, and has better movement.

We still feel that Snellen's artificial eyes should find more extended use, and their successful adjustment should render such operations as above described necessary in exceptional cases only.

Dr. J. Elliott Colburn of Chicago read before the Chicago Ophthalmological Society, March 11, a paper entitled "Muscle Tucking: A Report of Cases and Conclusions." This paper appears in full in the April number of the *Ophthalmic Record*, together with the discussion.

Dr. Colburn's experience with tendon tucking extends back to a period prior to 1886. He reports thirteen cases operated upon by three methods which he illustrates by drawings, and are called by him "simple tuck, advanced tuck and subconjunctival tuck." He invented a tendon tucker and a double hook to simplify his operative technique. His experience with this

operation is certainly most instructive. He has evidently abandoned tendon tucking for two reasons: Firstly, because, if the tendon is tucked close to its attachment there is left a permanent thickening that constitutes a deformity of the eye. Secondly, if the tucking is performed sufficiently remote from the attachment of the tendon to obviate this thickening, the tuck is liable to become adherent to the sclera and the ultimate results of the operation spoiled by limitation of the ocular movement in the direction of the tucked muscle.

In the discussion no one was found to defend the operation of tendon tucking. The different advancement operations were thought to be preferable.

It is to be regretted that in the discussion more was not said that bore directly upon the pith of Dr. Colburn's paper, namely, unsightly deformity, or limitation of movement in the direction of the tucked muscle. It is to be inferred from reading the discussion that the experience of the

gentlemen taking part in it coincide with that of Dr. Colburn.

If the operation of tendon tucking is so liable to produce results as outlined, it certainly is an operation to be abandoned. Personally I have been slow to adopt it. I have had in my possession a set of Todd's tendon tuckers ever since he published his first account of them. I have started several times to perform his operation, but each time I have found the muscle so attenuated that I have performed my own advancement operation instead.

Tendon tucking sounds more innocent than advancement, probably because the attachment of the tendon is not disturbed. It is in evidence, however, that the operation is not so innocent as it sounds, that harm may come from it, and in a form that may be immune to correction. It would be interesting to hear more upon this subject from men who have had extended experience with the operation.

Laryngology and Rhinology.

Conducted by W. K. Robinson, M. D.

DIFFICULTIES OF LARYNGEAL INTUBA-TION.

E. Eacat (Reprint, La Presse Medicale, October 10, 1901) says that it is inconceivable that intubation may present mechanical difficulties almost insurmountable. There are certain difficulties which can be overcome by certain maneuvers. The author rejects

certain theoretical views as to the difficulty in introducing the tube; one of these is extreme congenital narrowness of the larynx. He says it is scarcely possible that the larynx of a child of four years can be so narrow that it is impossible to pass a tube of a size sufficient for a nurseling. Spasm is also rejected as a cause of difficulty in passing a tube, particularly when inspiration is chosen as the moment when the tube engaged in the larynx. There is a possibility that acute inflammatory ædema of the larynx may be sufficient to cause some difficulty in passing the tube, but it is scarcely possible that it should cause an absolute stenosis.

A false direction of the tube furnishes the vast majority of cases of difficulty in its introduction. By an improper direction the tube may impinge upon some portion of the larvnx which prevents its further passage. In very early infancy it has been demonstrated that the posterior surface of the cricoid has a marked inclination from above downward and forward. This sists until about the third year, and if in this period an attempt is made to introduce the tube and the handle of the carrier is downward the tube may impinge upon the curved posterior surface of the cricoid and consequently not enter the glottis.

A second false direction is an engagement of the end of the tube in the space between the thyroid and the cricoid anterior to the vocal chords. This improper direction is overcome by direct pressure with the thumb on the space between the thyroid and cricoid cartilages in front, the larynx being steadied by the fingers of the left hand upon the side, while the carrier is held in the right hand directly in the middle line.

A third false direction consists of an engagement of the tube in the ventricle of the larynx. This difficulty is due to an inclination of the tube, either to the left or the right of the middle line. In

overcoming this the larynx is grasped between the thumb and index finger. This is to correct the lateral deviation of the larynx and bring the glottis in line with the tube.

LARYNGEAL HEMORRHAGE.

The literature of laryngeal hemorrhage has been well presented in my recent papers, but the importance of the subject cannot be too forcibly impressed upon the general practitioner, especially in a health resort, where pulmonary conditions are prevalent and where such a vast number of hemorrhages coming through the mouth are due to tuberculosis of the lungs.

A patient sent to Colorado, January 15, might serve as an example. male, 27, vocal music teacher, giving history of hemorrhage at intervals of about four weeks. She has had almost complete loss of voice of a duration of from three to seven days. Her general condition is good, there is no loss of weight, her appearance is healthy and robust. She coughs only during period of hemorrhage. There is some tenderness in the throat if deep inspiration is There is no complaint of pain There is fever. The patient in chest. was filling a singing engagement when her voice suddenly gave way; she retired to a room and was seized with a paroxysm of coughing followed by the expectoration of frothy blood in small quantities. This continued until next morning, and when seen she related the history as given.

The voice at this time was thick, disturbed by slight cough and some clearing of the throat, and once the sputum was streaked with blood. The laryngoscope showed that the right ventricular and vocal bands were bathed in blood. The blood was removed by laryngeal application on cotton, after which, with a spray of adrenalin solution I detected that the hemorrhage proceeded from a point on the right ventricular band near the posterior portion. The adrenalin solution was used every hour until hemorrhage was checked. This was done in connection with rest of voice, cold and the free use of ice, both in the mouth and over larynx and neck.

The patient was seen in twelve hours. The voice was indistinct and articulation painful, but there was no bleeding. Examination showed a clot occupying the seat of the previous hemorrhage. There were limited motion of the larynx on the right side, a want of approximation of the vocal bands and some dyspnœa. The coagulum mained until the fourth day, when comdisintegration occurred plete larvngeal examination revealed the fact that an extravasation of blood into the sub-mucous tissue of the right ventricular band had taken place. After cleaning the parts by means of a spray containing five grains of alum to the ounce the hemorrhage did not recur, but the ventricular band was visibly swollen. The colors of the tissues underlying the mucous membrane and corresponding to the hemorrhagic infiltration was thickened and in an inflammatory condition. The vocal cord was of a natural color.

The last examination of the case was six months after the accident. She had regained her natural speaking voice, and the appearance of the larynx and the mobility of the cords were apparently natural. The patient was advised to take absolute rest from singing for six months. There was no tubercular history and the regularity of the attacks could not be attributed to the influence of menstrual periods, as they occurred seldom near that time. increased tension to which the laryngeal muscles were subjected caused a solution of continuity and resultant hemorrhages.

This patient was in poor circumsatnces, and a more careful examination of the condition would have saved her anxiety and a long and useless journey.

Gynecology and Obstetrics.

Conducted by Clarence L. Wheaton, M. D.

AUTO-CAESARIAN SECTION.

The Annals of Gynecology report the following case translated from the Wiener Medicinische Wochenschrift: The woman was forty-two years old, the wife of a Turkish peasant, and had been confined to her bed for eight months. She had had fourteen children. Fearing that she would die before her confinement, she opened her own abdomen with an ordinary pocketknife. She saw the child fall from the womb and then fainted. After she regained consciousness she called to her thirteen-year-old daughter and asked her to sew the abdomen together. This she did with waxed hemp thread, using a running suture and including the skin only. The knife and needle were both rusty, yet the wound healed by first intention and the mother recovered without any septic complication. regular incision began just above the symphsis pubis and extended three fingers' breadth above the navel. child survived. The cord was tied by the daughter and the placenta was thrown into a near-by stream. At the end of eight weeks the mother and child were doing well.

INFLUENCE OF PREGNANCY ON CANCER OF THE UTERUS.

Heuse, in Zeitschrift fuer Geburtsh. und Gynecologie, says that pregnancy or the menopause certainly has an unfavorable effect on the development of cancer. He found that ten cases survived after five years out of eighty-two cases operated upon for cancer of the uterus during or directly after pregnancy. Vaginal hysterectomy was performed twenty-five times with nine French surgeons consider a cures. pregnant woman with a cancer as fatally doomed and sacrifice the life of the mother for that of the child. Germans operate immediately without regard to the life of the child. Heuse has collected about 120 cases, and in all of these the cervix was involved. Frænkel found that out of 230 cases of cancer of the cervix about 30 per cent. survived after a period of five years.

A REVIEW OF THE LITERATURE OF OVARIAN TRANSPLANTATION.

Nicholson is quoted in the Medical Review of Reviews. He says that either homeo-orhetero- transplantation of the ovaries is possible and that it is possible that pregnancy will follow in a small number of cases. There is no doubt that the ovaries beyond the process of ovulation have an important effect upon the development of the sexual organs. This may be due to some internal secretion, but as yet we do not positively know. It does seem, however, that ovarian transplantation has some effect upon preventing certain degenerations of the female. The large bulk of evidence tends to show that the whole or a part of the ovary should be left in all operations.

USE OF INSTRUMENTS IN OBSTETRICS.

Thomas J. Hughes (St. Louis Medical Era) says that obstetrics is an art which enters into the practice of every general practitioner of medicine, pecially in the rural districts. tabulated indications given the student at college for the use of forceps lose a great deal of their distinctive clearness when reduced to practical experience at the bedside of a woman writhing in the tortures of labor pains. It is then that the young physician is likely to regret that he does not know more about the use and application of instruments. The doctor believes that every case is a law unto itself. The sunrise hours of the

twentieth century dawn upon a generation of nervous, delicate women, subiects of fa'ds and fashions, which have transformed the once rounded and well proportioned form into a figure resembling that of a wasp, resulting in a partial displacement of every organ situated in the abdominal cavity. As a result we not only have weaker and more sensitive forces to perform the mechanism of labor, but are also confronted by a great many obstacles to an easy and uninterrupted delivery, such as atony of the uterus, malposition, deformed pelvis, etc., making instrumental interference more necessary than in the days of our forefathers. He believes that there is less danger in the judicious use of instruments than in hard, prolonged labor, and the doctor has never yet seen a case of ruptured perineum in which the forceps were removed before the head passed through the vulva. The forceps should be removed just after the head passes through the bony outlet and the usual precautions taken to protect the perineum.

RUPTURE OF VAGINA.

Ostermeyer reports a case of rupture of the vagina during first coitus. The mother of the patient had suffered from a similar vaginal tear during intercourse, as a result of climateric changes. The patient, a young, healthy bride of twenty-four, makes the 163rd case on record of this particular injury. After presumably her first coitus, a violent hemorrhage occurred which could not be controlled by a vaginal tamponade. After exposing the tear

by means of a speculum, eight sutures were necessary to close the rent and control the bleeding.

THE TREATMENT OF SUPPURATION IN UTERINE APPENDAGES.

The above is the title of Dr. Charles P. Noble's paper, recently read before the Philadelphia County Medical So-The author divides cases of suppuration in the female pelvis into two classes: Circumscribed abscess, as represented by pyosalpinx; abscess of the ovary and puerperal phlegmon and mixed cases as represented by intraperitoneal collections of pus complicating suppuration in the uterine ap-Two hundred cases are pendages. quoted. 146 of which were treated by abdominal section, 54 by incision and drainage. In nearly all cases the avenue of approach was through the vagina. Since 1805 there has been a steadily increasing resort to simple incision and drainage in the complicated cases of large pelvic abscess in which vaginal hysterectomy has not been employed.

The arguments of those claiming that the operation offers advantages over simple incision and drainage in the complicated cases and over abdominal section in the typical cases, have never seemed convincing.

Abdominal section for pyosalpinx or abscess of the ovary complicated by intraperitoneal abscess.

The patients are usually very ill when they come under the observation of the surgeon; either they are suffering from an attack of peritonitis or they are reduced in strength by chronic sepsis. Twenty-six patients belonging to

this group have been operated upon with seven deaths, or about 27 per cent. death rate. In four hysterectomy has been done with two deaths, and in twenty-one both uterine appendages have been removed with five deaths. This mortality of 27 per cent. should certainly forbid the employment of abdominal section in the treatment of this class of cases. By simple incision and drainage the mortality has been reduced to less than 2 per cent.

Besides the high primary mortality from radical abdominal operation, there are numerous other objections to it in this class of cases. Post-operative adhesions, fecal fistula, persisting pain and ventral hernia are very common sequels. Another objection is that many appendages are sacrificed which could be saved by the drainage operation.

Pus being confined to the tube or ovary, abdominal section for pyosal-pinx or abscess of the ovary.

These are the typical or average cases of suppuration of the uterine appendages. One hundred and twenty patients have been operated on, with eight deaths, or 6.6 per cent. of mor-There have been forty-six hysterectomies with one death, a mortality of 2.1 per cent, and seventy-four removals of one or both appendages with seven deaths, a mortality of 9.4 per cent. During the time that the forty-six hysterectomies were done, thirty-four patients had one or both appendages removed. The mortality in the hysterectomy cases has been 2.1 per cent., and in the oophoro-salpingectomy cases the mortality has been 58 per cent. The reasons for the markedly better results secured by hysterectomy as contrasted with those from oophoro-salpingectomy or easily understood by one who practiced both methods. Oophoro-salpingectomy should be restricted to cases of unilateral involvement. Hysterectomy gives both a smaller primary mortality and much fewer post-operative complications.

Drainage is never employed in these cases unless the integrity of the bowel, badder or ureter is open to suspicion.

Conclusions.

- I. The methods of dealing with suppuration of the uterine appendages have been greatly improved within the past fourteen years. The mortality has been reduced from more than 16 per cent. in the first half of this period to less than 5 per cent. in the second half.
- 2. The reduction in the mortality has been obtained by:
- (a) Abandoning abdominal section in the treatment of pyosalpinx and abscess and by substituting direct incision and drainage in this group of cases and also for recent cases of pelvic suppuration of puerperal origin.
- (b) Substituting hysterectomy for oophoro-salpingectomy for the removal of bilateral suppuration in the uterine appendages.
- 3. These changes in methods of operation have permitted the development of a much more perfect technic which yields greatly improved results, remote as well as immediate. Ventral hernias, pedicle abscesses and trouble-some intraperitoneal adhesions have become very rare instead of very frequent sequels of abdominal operations.

- 4. Free incision and drainage in cases of suppuration of the uterine appendages complicated by intraperitoneal abscess has proven to be a most valuable life saving measure, yielding a mortality of less than 2 per cent., as contrasted with 2/7 per cent. from abdominal section. The remote results have been scarcely less gratifying, thirty-two of the fifty-four having been permanently cured.
- 5. Incision and drainage has proven to be a most conservative operation, not only in the saving of life but in the conservation of the sexual organs. Of the fourteen patients in whom subsequently a radical abdominal operation was performed, in only three was it necessary to remove more than one
- uterine appendage. The substitution of incision for the radical operation has saved many young women from the annoyance of a premature menopause and has enabled a number of them to bear children. Six pregnancies are known to have occurred, resulting in five children, one pair of twins, one miscarriage and one pregnancy now developing.
- 6. Direct incision and drainage finds its best indication in:
 - (a) Puerperal phlegmon.
- (b) Puerperal ovarian abscess, intraperitoneal abscess, and pyosalpinx.
- (c) Cases of pelvic suppuration of whatever origin in which the pus is not contained within the ovary and tube.

Diseases of the Genito-Urinary System.

Conducted by Donald Kennedy, M. D.

PROSTATECTOMY, THE METHOD OF CHOICE IN THE MANAGEMENT OF PROSTATIC OBSTRUCTION.

Eugene Fuller, M. D. (Journal American Medical Association, November 2, 1902), says: In prostatectomy the results are permanent, while there are grave doubts on that point as regards the Bottini operation.

Weir pointed out twenty-five years ago, after a thorough trial of the original Bottini method, that in the few cases where improvement followed the operation the betterment was only temporary. Instead of repeating the operation, as some do, after an unsuccessful first operation, prostatectomy should be resorted to.

The author thinks that the reason that the results following the Bottini operation may not show lasting qualities, is in large measure to be found in cicatricial contraction which gradually results from the healing of the burnt area. If the eschar be made through the bladder wall and into a projecting middle lobe lying posteriorly to the vesical neck, then it would seem that a good result following the operation ought to show a fair degree of permanency. If, on the other hand, one or more eschars be made through the

vesical and prostatic fibers at the vesical neck itself, then it seems that the immediate good results following the freeing of the contraction must be temporary, the resulting cicatrix leaving the part more contracted and rigid than before operation.

In such an instance the fewer the number of eschars and the less true destruction of the tissues making up the vesical and urethral wall the better. In the performance of prostatectomy as advocated by the author, the vesical and urethral structures are left undestroyed, the prostatic obstruction being alone removed: consequently there can be no resulting contractions where prostatectomy has to be performed secondary to a Bottini operation. The cicatrix which has resulted from the first operation may increase the difficulty of the second. He who does only the Bottini operation is a poor adviser, since he has not perfected himself in the performance of prostatectomy and is consequently not equal to the emergency when a case presents itself not suited to the Bottini operation.

NEW TEST FOR BLOOD IN THE URINE. Dr. R. Frostman (Bristol Medico-Chirurgical Journal, December, 1901) gives the following:

To 10 c. c. urine add 1 c. c. ammonium sulphide and as much pyridin. According to the amount of blood present the fluid takes a more or less orange red color. With a considerable amount of blood this color change is constant. Although it is very sensitive, this color reaction is greatly increased in delicacy by the observation, by means of the spectroscope, of the hemachro- or both, and not infrequently the cord.

mogen formed. The spectrum of the hemochromogen is quite marked, even though no naked eye color reaction can be distinguished.

Another test for blood in the urine is the well-known test of a blue color with tincture guaiaci and ozonized turpen-Pus in the urine gives a blue color with tincture guaiaci without the addition of any oxygen giving body. As the urine may contain reducing bodies which make the appearance of the blue color difficult, it is best to filter the urine and do the test on the filter. In like manner in leukemia drops of blood dissolved in water and filtered. give a blue reaction in the filter with tincture guaiaci. This property of pus of giving this blue reaction with tincture guaiaci depends on the action of nucleo-proteids, and is in all probability to be attributed essentially to the leucocytes and not to lymphocytes.

ORCHITIS AND EPIDIDYMITIS IN TY-PHOID FEVER.

Francis P. Kinnicut, M. D. (Medical Record, May 25, 1901), reviews the literature of this subject, reports two cases and concludes:

- That epidydimitis and orchitis occurring in the course of or during the convalescence of typhoid fever is a rare lesion and is of typhoidal origin.
- Only very exceptionally is it due to secondary microbic infection.
- It develops at a late period in the disease or during convalescence.
- The lesion, although as a rule unilateral, may be bilateral, and involves either the epidydimis or testicle,

- 5. Effusion into the tunica vaginalis is rare.
- 6. Termination most often is by resolution.
- 7. Suppuration occurs in 25 per cent. of all cases.
- 8. Localized necrosis and extrusion of testicular tissue is not uncommon.
- 9. Exceptionally there is destruction of the entire testicular structures.
- 10. Atrophy of the testicle occurs, but is a rare sequence.
- 11. The lesion gives rise to little constitutional disturbance.
- 12. Death as a result of the lesion has not been noted.

SOCIETY REPORTS.

The Denver and Arapahoe Medical Society.

(This report appears in no other medical journal.)

The Denver and Arapahoe Medical Society held its regular meeting April 1 in the McPhee building, with Dr. Leonard Freeman, the president, in the chair.

Dr. A. E. Engzelius was elected to membership.

Dr. Carroll E. Edson read a paper on the care of convalescents. The paper was discussed by Dr. Wm. N. Beggs.

Dr. Wm. P. Munn read a paper on post-graduate instruction in sanitary science, which was discussed by Dr. Tyler and Dr. Blaine.

Dr. Munn also exhibited a specimen of cancer of the penis which he had excised several years ago, with report that patient was well up to time of report. The case was discussed by Dr. H. E. Warren and also by Dr. E. J. A. Rogers, who reported a case somewhat similar in his own practice.

The following five-minute talks were given:

1. By Dr. Edward Delehanty. A Case of Hysteria.

The case which I wish to report is interesting both from a neurological and medico-legal standpoint.

The history, as obtained from her physician, briefly is as follows: Girl, nineteen years old. As far as could be obtained, the family history was negative. She did housework for a living and always had fairly good health.

About the middle of June, 1901, she was thrown from an express wagon, striking on her back. She was slightly stunned by the fall, but with assistance was able to get up and walk some distance to a seat. She was able to go in the ambulance with her mother, who sustained a fracture of the leg in the same accident, to St. Anthony's Hospital and return on the street car. Aside from soreness in the spine and stiffness in the muscles of the back, she suffered no inconvenience, and in a few days these passed away. About three weeks after the accident the soreness and stiffness returned, together with weakness in the legs, but as she did not consult a physician for over two months after

the accident they could not have been marked.

On September 9, 1901, she consulted a physician in Cripple Creek, and on examination he found the spine tender over its entire extent. There was also marked weakness of the legs; there were no changes in the sensory phenomena and no visceral disturbance present.

She was ordered to bed, but in fortyeight hours the paralysis in legs became complete, with a band of hyperæsthesia about the lower part of the abdomen. There was incontinence of urine, necessitating the use of the catheter. Later the loss of motion and anæsthesia extended to the chest and arms, and on December I she lost consciousness. There was rigidity of the muscles of the neck and Cheyne-Stokes respiration, the pulse rate increasing to 165 per min-She soon regained consciousness but there was loss of the power of speech with paralysis of the muscles of deglutition so that rectal feeding had to he instituted.

In this condition she was brought to Denver attended by her physician, who came as an important witness in a damage suit which the patient had instituted against a large corporation.

Examination at the Arapahoe County Hospital, December 11, 1900.

Patient lies in bed in an emotional condition, crying without any apparent cause. She is unable to speak, but is perfectly conscious, answering direct questions intelligently by shaking or nodding the head.

There is marked foot drop. No flexion or extension could be obtained at the ankle, but she could flex and reflex the leg and arm feebly, the slightest resistance preventing any movement.

There is complete loss of tactile, pain and temperature sense except around the arms and external genitalia. This includes the mucous membrane of nose, mouth and pharynx, vigorous brushing of the latter produces a cough, while no reflex can be produced by a brush in nose. To test anæsthesia more completely, while her attention is diverted on other matters the house physician stuck her vigorously with a needle at different times and there was not the slightest indication that it was felt.

Notwithstanding the complete loss of sensation, muscular sense is perfectly normal, so that with the patient blindfolded, if her arm or leg is passively placed in any position she can put the other in exactly the same position.

The reflexes, both superficial and deep, are normal, except the knee jerks, which are increased.

Taste and smell are absent and hearing to watch is detected only on contact.

The pupils are dilated but equal in size and respond to light and accommodation. There is no weakness of the external ocular muscles and the fields of vision are not contracted.

Color test was not made.

The ophthalmoscope reveals slight swelling of the optic discs, not more than can be accounted for by the marked anæmia.

The muscles contract to a mild faradic current and there is no change in the formula to the galvanic. Measurements show no marked wasting and there is no evidence of trophic disturbance.

It is scarcely necessary to go into the differential diagnosis of this case. Suffice it to say that the nature and distribution of the anæsthesia, the presence of muscular sense in the absence of pain, temperature and tacile sense, the condition of the eyes and reflexes with no reaction of degeneration to electricity, would exclude any possibility of the disease being organic. that in thirty-six hours after the patient entered the hospital her speech returned and she was able to dress and walk about her room, a thing she had not done for three months, should have been sufficient to convince even a modern juryman of the functional nature of the disease.

She received a verdict of \$5,000 and walked from the hospital immediately afterwards.

A question which probably arises in your minds is this,-Was it a case of hysteria or was she a malingerer? The fact that the patient recovered so rapidly, and especially at the culmination of a damage suit, would be presumptive evidence that she was feigning, but it must be remembered that very frequently after the end of a severe mental strain hysterical symptoms disappear suddenly. Furthermore. from the fact that improvement began before the result of the trial was known and that spots of anæsthesia were present when she left the hospital, it would at least be charitable to regard it Besides, there as a case of hysteria. were evidences of mental defect which can be detected in every severe case of hysteria and which leads me to believe more and more in the dictum of Charcot, "That hysterical patients are hysterical because they are mentally deranged."

DISCUSSION.

Dr. H. E. Warren thought the case one of hysteria, but that there might also have been organic lesion of the spinal cord.

Dr. J. E. Courtney said that improvement was natural after termination of the lawsuit, though the patient was neither feigning nor following suggestion. Dr. Courtney thought the case one of shock.

2. Dr. George B. Crews exhibited an appliance for maintaining a patient in the lithotomy position without the aid of an assistant, and said:

I wish to present to the society tonight an apparatus intended to hold the patient firmly and comfortably in the lithotomy position. It consists, as you see, of two figure-of-eight shaped loops of heavy steel wire, connected by a telescoping bar with a clamp. upper and larger part of the loop slips over the flexed knee, while the lower and smaller part serves as a stirrup. When applied over both knees the connecting telescoping bar regulates the degree of separation of the thighs. ordinary sheet passing around the patient's neck and tied into the upper loops of the apparatus regulates the degree of flexure of thighs on the body and maintains the position.

3. By Dr. E. Eckerson. A Case of Puerperal Convulsions.

I do not know of any case that a physician would have that would cause him

so much worry and so many gray hairs in a short time as a case of puerperal convulsions. From March 31 to January 25, it was my bad luck to have three such cases. I would like to report them all to you, but time will not admit.

I will report one, that of Mrs. D., who called me August 4, at 10 o'clock a. m. I found her in the first stages of labor, which progressed nicely and terminated at I o'clock p. m. without any complications. At 9 o'clock next morning at my call she reported having slept well during the night and that she was feeling well at that time. At 12 o'clock noon, twenty-three hours after termination of labor, she had the first convul-I immediately put her on large doses of bromide and chloral, with the result that there were no more convulsions until 6 o'clock p. m., twenty-nine hours after delivery. At 7 o'clock p. m. she had three convulsions and called in Dr. Charles Jaeger in consultation. who advised continual use of chloroform, also blood-letting and all the usual remedies used in those cases. At 8 o'clock another convulsion, stronger and more severe than the others, occurred. The case began to look hopeless, but I continued treatment. o'clock another spasm more severe than all the previous ones took place. consent of counsel I gave twenty-five (25) minims of veratrum hypodermically. At 9:45 fifteen (15) drops more of veratrum were given hypodermically, with the result that there were no more spasms. Patient made a most rapid recovery and at present is well and strong, with a nice, large child.

I would say in conclusion that previous to labor and afterwards I could find no albumen in urine.

The committee appointed to draft resolutions on the death of Dr. Russel's B. Freeman presented the following, which were read and approved:

"In the death of Dr. Russell B. Freeman the Denver and Arapahoe Medical Society has sustained the loss of one of its most active and respected members.

"A courteous gentleman, a capable practitioner and a loyal fellow physician, he had during the years of his residence in Denver endeared himself to his associates as exemplifying the highest and best qualities of his profession.

"In testimony to our loss and that of his friends, we would extend our sympathy to his family in the irreparable loss they have sustained.

"H. G. HARVEY, "W. P. MUNN, "C. E. EDSON."

Article IV of the Constitution was amended so as to fix the time of the regular monthly meetings on the first and third Tuesdays of the calendar months.

The Denver Clinical and Pathological Society.

(This report appears in no other medical journal.)

A special meeting of the Denver Clinical and Pathological Society was held March 13, 1902, at 1:45 p. m., in the office of Dr. Black (the president, Dr. Black, presiding), to take action on the death of our fellow-member and colleague, Dr. Russell B. Freeman.

On motion it was voted to apopint a committee of three to draft suitable resolutions of respect on the death of Dr. Freeman. The president appointed Drs. Coover, Mann and Powers as that committee. Dr. Powers moved that the monthly meeting of the society, to occur on the 14th inst., be postponed one week as a mark of respect to our late member, and it was so voted.

On motion of Dr. Levy, the president and secretary were appointed a committee to procure a suitable floral offering for the funeral of Dr. Freeman.

The society then adjourned.

Respectfully submitted,

F. W. KENNEY, M. D.,

Secretary.

The regular monthly meeting of the Denver Clinical and Pathological Society, postponed from the 14th inst. as a mark of respect to our late fellow-member, Russell B. Freeman, was held March 21, 1902, in the Jackson block, Drs. Waxham, Hopkins, Hall and Blaine entertaining. The president, Dr. Black, presided.

The records of the last regular meeting and the special meeting called March 13, were read and approved. The report of the committee on flowers was read and accepted, and the bill of \$10 ordered paid from the treasury.

The following report of the committee appointed at the special meeting of this society to draft resolutions of respect on the death of Dr. Russell B. Freeman, was received and ordered spread on the records:

"Whereas, Our fellow-member, Dr. Russell B. Freeman, has been removed from us, we desire to express our deep sense of sorrow at the great loss our society has sustained by his untimely death.

"Resolved, That we deplore his loss, not only as a valued member of the society, but also as an accomplished associate in the medical profession of Denver. His gentle nature and gentlemanly bearing placed him high in esteem with his colleagues.

"Resolved, That we tender our sincere sympathy to his bereaved family and that a copy of these resolutions be transmitted to his widow.

"David H. Coover,
"Alfred Mann,
"Charles A. Powers,
"Committee."

The membership committee reported the election of Dr. E. J. A. Rogers to fill the vacancy caused by the death of Dr. R. B. Freeman. Dr. Waxham offered the following amendment to Section 1, Article I of the By-Laws: That the months of regular meetings be from October to May inclusive. Tabled for thirty days.

Dr. Hopkins reported a case of tumor of the left optic thalamus extending into the right thalamus, there being intentional tremor, difficult speech, nystagmus, increased reflex, no sensory involvement. The tremor developed into athetosis, mostly of the left leg and arm. Paralysis of the right third nerve appeared with spastic condition of the legs, mostly in the right.

Dr. Levy exhibited a specimen of tubercular larynx with acute edema

supervening. Discussed by Dr. Stevens.

Dr. Childs reported a case resembling acute articular rheumatism, which developed into a fatal peritonitis. Discussed by Drs. Freeman, Tyler, Bergtold, Whitney and Hill.

Dr. Waxham reported a case of suffocation in child, probably due to pressure of cat lying on the child's chest. Discussed by Drs. Freeman, Levy and Edson.

Captain Wales reported a case of child with alimentary canal full of prunes. Discussed by Drs. Waxham, Whitney, Hall and Bergtold.

Dr. Freeman reported a case of fractured tibia, in which the X-ray magnified the deformity. Discussed by Dr. Stover.

Dr. Whitney discussed the solely

dietetic treatment of typhoid fever, giving no milk at all, but nourishment with meat soup. Discussed by Drs. Wetherill and Bergtold.

Dr. Hill reported a case of achylia gastrica.

Dr. Jackson reported cases of foreign bodies in the eye restrained for long periods of time.

Dr. Stemen reported a case of possible phantom tumor. Discussed by Dr. Freeman.

Dr. Stover reported the use of X-ray in cancer. Discussed by Drs. Whitney and Levy.

The society then adjourned.

Members present, 27; visitors, 4.

Respectfully submitted,

G. H. STOVER, M. D., Secretary pro tem.

The Cripple Creek Medical Society.

(This report appears in no other medical journal.)

The regular meeting of the Cripple Creek District Medical Society was held in the office of Dr. Latimer in Victor, March 11, 1902. There were about fifteen members present.

Dr. J. W. Anderson of Cripple Creek was admitted to membership in the society. Dr. B. S. Roseberry was proposed for membership.

The report of the committee on printing the fee bill was accepted and the committee continued to secure further signatures to the same.

The report of the treasurer was read and accepted. It showed an indebtedness of \$7.50 for printing, etc. Dr. Davidson paid the membership fee and other members contributed enough money to settle indebtedness.

The committee on "social session" reported. The report was accepted and the committee continued. A lengthy discussion of the proposed banquet for the April meeting then ensued. It was decided that the banquet should be only for members of the profession and a few invited guests. It had at first been proposed that the families of the physicians be invited, but this was decided against. Among the invited are to be representatives of the Pharmaceutical, Bar and Press Associations. The secretary was also instructed to send a special invitation to Dr. J. A. Whiting of Eckert, Colo., former president of the association.

As there was no paper prepared by any member of the society, it had been intended that he secretary should read a reprint of the paper of Dr. R. W. Corwin of Pueblo on "Medicine in Egypt," but so much time was consumed in the discussion of the banquet that the reading of the paper had to be postponed, and after matters relating to the fee bill were considered the meeting was then adjourned.

M. D. GIBBS, Secretary.

Otero County Medical Society.

(This report appears in no other medical journal.)

The regular monthly meeting of the Otero County Medical Society was held February II at La Junta, with Vice President J. F. Kearns, M. D., in the chair.

The meeting was rather poorly attended on account of the prevalent sickness throughout the country. What the meeting lacked in numbers, however, it made up in energy. The essayist of the day was Dr. B. F. Haskins, his subject being "Obstructive Diseases of the Rectum." This was ably handled, special stress being laid on the part played by the rectal valves in all obstructive conditions. The paper was followed by a general discussion of the society.

F. Finney, M. D., Secretary.

The Physicians' Business League of Teller County.

(This report appears in no other medical journal.)

The Physicians' Business League of Teller County met in regular session Tuesday, March 4, 1902, in the offices of Drs. Welles and St. Clair in Victor. President Davison was in the chair and fifteen members of the society were present; also Dr. Drury, dentist, was present as a visitor.

The usual routine business was attended to, after which Dr. B. S. Roseberry of Victor read a paper entitled "The Attitude Assumed by the Laity Toward the Profession in Respect to the Discharge of Its Pecuniary Obligations."* After the reading of the

paper an interesting discussion ensued in which all present took part. agreed that the public should be educated to a higher sense of their responsibility to the profession in money matters. Several members owned that they had been very remiss in the management of the business part of their work. For instance, Dr. Driscoll stated that during several years practice in the district he had not sent out more than a few dozen statements of accounts, and had never asked a man personally to settle a bill, the result being that he now has many thousands of dollars on his books, which in all probability will

^{*}Published on page 197.

never be collected. Dr. Gibbs took the other side of the argument from most of the speakers, saying that physicians were as a class better paid, comparatively, than school teachers, stenographers and persons following many other occupations requiring both skill and education for their proper performance, and that inasmuch as the trend of recent times has been a decided lowering of the salaries paid in all the skilled occupations, whilst physicians have been able to make their own charges and receive better compensation than the members of the professions and trades alluded to, therefore we should not complain too bitterly of being underpaid. Dr. Roseberry did not think that Dr. Gibbs' point was well taken, for it was not the amount of compensation, but the small percentage of the same which is actually received, which is the point at issue.

On motion, it was decided to extend an invitation to the secretary of the Retail Business Men's Association to attend the next meeting, and address the society upon the methods employed by that organization for the furtherance of general business interests; especially collections.

After some further discussion the meeting adjourned, to meet again March 18.

At a meeting of the Physicians' Business League of Teller County held March 18, President Ginn and Secretary Clark of the Retail Business Men's Association were present as visitors.

Secretary Clark gave an address on

the plans pursued by that organization, both in the avoidance of bad debts and the collection of the same.

After some discussion it was the general opinion of those present that it would be desirable to be affiliated with the Retail Business Men's Association, and President Ginn was asked for terms. After some consideration he offered to grant the league membership in the association, including three sets of reference books, for \$150 per year.

On motion it was decided to accept the proposition provided that a sufficient number of the members would be willing to contribute. A committee was appointed to obtain the names of those willing to do so.

The Physicians' Business League of Teller County held its regular meeting in the office of Dr. Pennock in Cripple Creek, Tuesday, April 1. There'were about a dozen members in attendance, with President Davison in the chair.

Owing to the absence of the secretary the reading of the minutes of the last meeting was dispensed with.

The committee appointed to obtain the names of the physicians willing to contribute to the fund for the purpose of enabling the league to take out a membership in the Retail Credit Men's Association, reported that they had obtained thirty-two signatures. On motion the report of the committee was accepted and the committee continued until the next meeting.

A member reported that an insurance agent had stated to him that two of the physicians of Victor were making examinations at \$3 each. A committee was therefore appointed to wait on the physicians in question and ascertain if such was the case, and if so to ask them to adhere to the price of \$5, as named in the fee bill.

There was no other business of any importance, so after some general discussion of the medical society banquet to be held on the 8th, the meeting adjourned in due form.

The Physicians' Business League of Teller County met in regular session Tuesday, April 15, in the office of Dr. Latimer in Victor. President Davidson presided, ten members being present. Mr. Clark of the Retail Credit Men's Association was also in attendance at the meeting.

The particular subject under discussion during the evening was the matter of joining the Retail Credit Men's Association. The committee on obtaining signatures reported that they had secured thirty-six names. On motion the committee was continued with instructions to secure as many more signatures as possible, and was also empowered to collect \$4 per capita from all physicians signing, the money they collected to be turned over to Mr. Clark in payment for the membership in the Retail Credit Men's Association, any surplus to be given to the treasurer of the Physicians' Business League.

The committee appointed at the last meeting to wait on the Victor physicians, of whom it had been reported that they were making insurance examinations at a price below the fee adopted by the society, reported that using a blank they had not been able to get togethercold in winter.

to wait on the physicians specified, and also that it appeared that other examiners for the same insurance company were doing the same thing. It was recommended that it would be well for the examiners of this company to hold a meeting and send a joint letter to the headquarters of the company, declining to make any more examinations for less than the adopted fee; also that the Business League send a letter to the company instructing the present examiners of the position, and furthermore, give a pledge to the local examiners that no member of the league will do any examinations for said companies. All of this, on motion, was carried. Should the companies fail to acquiesce to the request of the local examiners and proceed in their threat in bringing some other physician in the district to do their examining, some other plan will have to be devised to meet the exigencies of the situation.

Dr. Gibbs called attention to the forthcoming meeting of the Colorado State Medical Society in Pueblo. On motion a committee was appointed as an informal delegation to that body.

The meeting then adjourned.

The Presbyterian Hospital of New York City has been legally compelled to pay \$500 to the widow of a man on whom they made an autopsy without first obtaining the widow's consent.

It is stated that a Chicago woman physician advocates a return to a state of nature so far as dress is concerned, using a blanket for warding off the cold in winter.

Commencement Exercises of the Denver College of Medicine.

The twenty-second annual commencement exercises of the Denver College of Medicine of the University of Denver were held at Trinity M. E. church on the evening of the 12th of May. The Rev. Frost Craft opened the exercises with prayer and the Rev. David Utter delivered the address to the graduating class.

The address, which appears elsewhere in the columns of the present issue of the JOURNAL, is entitled "The Mission of the Man of Science."

Chancellor Henry Buchtel conferred the degree of doctor of medicine and surgery upon John Murray Barney, Lucius Maltby Barney, Wilson Clayton Berkenmayer, Alfred Atwater Blackman, Louis Gordon Brown, Francis Jonathan Cleminger, Edward William Lazelle, John Hilding Larson, Cuthbert Powell, Archibald Le Ray Rice and Arthur Campbell Watson.

Dr. Edmund C. Rivers, professor of ophthalmology and dean of the college, awarded prizes as follows: To E. W. Lazelle, for greatest proficiency in rhinology, an intubation set, by Professor Thomas Gallaher; to F. J. Cleminger for best work in clinical laryn-

gology, the American Text-Book of Laryngology, by Professor Gallaher; to J. M. Barney, for best report of clinical lectures in ophthalmology and otology, by Professor William C. Bane; second prize for same to W. C. Birkenmaver, a volume from the Practical Medicine Series, by Professor W. C. Bane; to E. W. Lazelle, for best grade in clinical medicine, a medicine case by Professor A. M. Holden; to L. G. Brown, for the best examination in surgery, a surgical sase, by the J. Durbin Co.; to Cuthbert Powell, a prize for excellent work as clinical assistant.

Prizes to junior students: A medical dictionary to M. E. Preston for greatest proficiency in therapeutics, by Professor Carroll E. Edson; a pocket medicine case to Miss Ella Mead for the highest standing in recitation in medicine, by Professor A. M. Holden.

Prizes to the sophmore class, Trommer's prescription scales to R. C. Dunkel for the highest average in materia medica and pharmacology, by Professor Alfred Seebass.

Banquet of the Cripple Creek District Medical Society.

The Cripple Creek District Medical Society met in social session Tuesday, April 8, at the Baltimore Hotel of Victor. The banquet hall was beautifully decorated with carnations and ever-

greens and a first-class orchestra furnished music for the occasion. Covers were laid for thirty-five, which included several invited guests, among them representatives from the Pharmaceutical, Press and Bar Associations.

There were a few vacant chairs at the table, several of the physicians being called away on professional business at the last moment.

The meeting came to order at the banquet table at 10 o'clock p. m., the toastmaster being Dr. McKown. The following toasts were given:

- 1. The Cripple Creek Medical Society, its Etiology, Symptomatology, Complications and Prognosis, Dr. Mc-Kenzie.
 - 2. Our Guests, Dr. Magruder.
- 3. Reminiscences, Dr. Meiere, who spoke as follows:

"Mr. Toastmaster and Gentlemen -In response to the sentiment "Reminiscences, which the committee of arrangements has done me the honor to assign me, I think it fitting, this being the fifth anniversary of the organization of our society, that I should confine my reminiscences to that time, for were I to fail to erect a barrier to which they would naturally revert, neither the time allotted to me nor your patience would endure, for you would be found in that lethargic sleep which overcame Rip Van Winkle in the Catskills near the banks of the beautiful and romantic Hudson. I shall not, therefore, permit the subject to carry me back beyond the renaissance of the medical profession as I found it on my advent into this district. It was, if not in a state of inocuous desuetude, of desuetude, at least so far as the amenities and the observances of the ethics laid down by the American Medical Association were concerned.

"Recognizing that the elements for a useful and successful medical society existed and all that was necessary was to bring them into a homogeneous body. I felt assured that such a consummation would result in a benefit to the medical gentlemen themselves, as well as to the communities in which they were located. A general interest was manifested when the subject was brought to their attention, and but a brief period elapsed before the Cripple Creek District Medical Society was launched into vigorous activity with a membership of thirty-two of as genial and intelligent gentlemen in their profession as could be gathered together in any community of our country.

"The honor of being its first president came to me, an honor I shall in my reminiscences always cherish and appreciate. Quite a number of the members have removed from the district; one has gone to his eternal rest, yet the membership has continued to grow, numbering at the present time more than fifty.

"Our organization has done away with much of the friction previously existing, redounding to the benefit of its members, and has added to their influence in the district, and to their kindly personal relations.

"When our society shall disintegrate, and its members shall have scattered, some to lands that are fairer than this, others to that bourne from whence no traveler returns, I trust that our reminiscences will be only of the good traits each possessed, burying in oblivion animosities that they may have engendered, for to err is human, to forgive, divine.

"The reminiscences of the struggles, the disappointments, the hopes and aspirations, that we have shared together should impress indelibly on our hearts the precept in the lines of the immortal Scottish bard:

"'Should auld acquaintance be forgot

And never brought to mind, Should auld acquaintance be forgot And the days of auld lang syne."

- 4. Jurisprudence, Robert Graham.
- 5. The Banquet Murmur, Hayes.
- 6. Substitution, W. W. Beitenman.
- 7. The Country Doctor, Gaston.
- 8. Reportorial Mania, Dr. Charles F. Wilson.
- 9. The Retired Doctor, Dr. Whiting.

- 10. Hypnotics, Dr. Welles.
- Analepsy, Catalepsy, Epilepsy, Autopsy, Dr. Ragsdale.
- 12. Contagion, Dr. W. Hassen-plug.
- 13. Extracts and Tinctures, Dr. Deemer.
- 14. S. S. S. (Scalpel, Scissors and Sound), Dr. Hereford.
- 15. Our Guiding Star, Cunning-
 - 16. Microbes, Dr. Thomas.

Every one was in good spirits and thoroughly enjoyed the evening. The thanks of the society are due to Drs. Magruder, Kohen and Driscoll for the able manner in which they attended to the committee work. It is quite probable that arrangements will be made for regular annual banquets by the society.

The Denver Maternity and Woman's Hospital.

The Denver Maternity and Woman's Hospital, known as "The Woman's Hospital," 2221 Downing avenue, Denver, was dedicated and formally opened on Sunday afternoon, April 20. The exercises were brief, consisting of short addresses by Dean Hart and Bishop Warren and an invocation and prayer of benediction and dedication by the Rev. Dr. Coyle. Dr. Horace G. Wetherill, the surgeon and obstetrician in charge conducted the ceremony.

The hospital is well equipped and complete in every respect and the operating room is modern and furnished with every facility for the attainment of the best results. There are at present eighteen beds for patients in the hospital and some additions are under consideration which will materially increase its capacity.

Two beds are endowed for free patients, but it will be the policy of the hospital to care for as many indigent and deserving women as their means and equipment will allow, the organization being established and incorporated without any desire to make it profitable. The earnings of the pay beds will be entirely applied to the

maintenance of the hospital and the care of deserving free patients.

Denver is alone in cities of its size and class in having had no woman's hospital, and there would seem to be no reason why the present effort to establish one should not meet with the most abundant success, as it is starting under favorable financial conditions Rogers, M. D.; Prof. Chas. A. Powers, M. D.; Prof. W. A. Jayne, M. D.; Prof. I. B. Perkins, M. D.; Prof. G. B. Packard, M. D.

Consulting Physicians—Prof. Henry Sewall, M. D.; Prof. H. T. Pershing, M. D.; Prof. H. B. Whitney, M. D.; Prof. S. G. Bonney, M. D.

Consulting Oculists-Prof Edmund



and is fortunately in the hands of capable and earnest physicians who will do everything in their power to place it upon a prosperous footing.

The medical and surgical staff is as follows:

Surgeon and Obstetrician in Charge —Horace G. Wetherill, M. D., professor of gynecology Denver College of Medicine.

Consulting Surgeons—Prof. F. H. McNaught, M. D.; Prof. E. J. A.

C. Rivers, M. D.; Prof. John M. Foster, M. D.; Prof. W. C. Bane, M. D.

Consulting Laryngologist — Prof. Thomas J. Gallaher, M. D.

Consulting Bacteriologists and Pathologists—Prof. William C. Mitchell, M. D.; Prof. J. A. Wilder, M. D.

Clinical Assistants—Dr. C. A. Graham, Dr. E. F. Dean, Dr. C. L. Wheaton, Dr. Elsie R. Mitchell, Dr. F. P. Gengenbach.

COMMUNICATIONS.

Colorado State Medical Society.

Pueblo, Colo., May 18, 1902.

Numerous requests have come from members of the State Society asking for a postponement of the annual meeting for a period of one week. The reasons assigned are that various other societies, of a national character, hold their meetings on dates which so nearly coincide with our own, as to make it impracticable to attend both, as many wish to do, and in addition, there are

certain things to be considered at the American Medical Association, upon which we should have a report from our delegate for our own meeting. In order to accomplish these things, it has been deemed advisable to adjourn the meeting to June 24, 25 and 26.

R. W. Corwin. President.

C. V. MARMADUKE,

Chairman Executive Committee.

Prize Essay on the Dangers from Drugging with Proprietary Medicine.

The Colorado State Medical Society offers a prize of \$25 for the best essay, for circulation among the laity, upon the dangers of self-drugging with proprietary medicines.

The competition is open to all. Essays must be typewritten in the English language, must contain not more than 3,000 words, and must be submitted before June 15, 1902. Each essay must be designated by a motto,

and accompanied by a sealed envelope, bearing the same motto, and enclosing the name and address of the author. The essay receiving the prize will become the property of the society for publication. Others will be returned to their authors. Essays should be sent to the literature committee.

DR. C. A. GRAHAM, Secy., Stedman Block, Denver, Colo.

The Fourteenth International Medical Congress.

The Fourteenth International Medical Congress will be opened in Madrid, Spain, on April 23, 1903, and close on the 30th of the same month.

Dr. Abraham Jacobi, having been re-

quested by the officers of the congress to form the American committee, has arranged that the plan devised by Dr. William Osler, which worked so well in preparation for the Thirteenth Congress, shall be followed also for the Fourteenth.

Invitations to accept places on the committee have therefore been sent to the president of the American Congress of Physicians and Surgeons, the president of the American Medical Association, the presidents of the fourteen constituent societies and associations of the American Congress, the surgeons general of the army, navy and Marine Hospital service, the president of the Canadian Medical Association and the President of the National Dental Association. Acceptances have been received from nearly all of those invited.

Dr. Howard A. Kelly of John Hopkins University will deliver the address at one of the general meetings of the congress, and has chosen for his subject "The Passing of a Specialty."

Dr. Ramon Guiteras has been appointed delegate to the congress by the New York Academy of Medicine.

The committee to date consists of W. W. Keen, M. D., of Philadelphia, president of the American Congress of Physicians and Surgeons; John C. Wyeth, M. D., of New York, president of the American Medical Association; R. H. Chittenden, M. D., of New Haven, president of the American Physiological Society; Walter S. Christopher, M. D., of Chicago, president of the American Pediatric Society; Joseph Collins, M. D., of New York, president

of the American Neurological Association; John W. Farlow, M. D., of Boston, president of the American Laryngological Association; Samuel A. Fisk, M. D., of Denver, president of the American Climatological Association; S. C. Gordon, M. D., of Portland, Me., president of the American Gynecological Society; George Jackson, M. D., of New York, president of the American Dermatological Association: Horace G. Miller, M. D., of Providence, president of the American Otological Society; Presley Rixey, M. D., of Washington, surgeon general of the navy; F. J. Shepherd, M. D., of Montreal, president of the Canadian Medical Association; George M. Sternberg, M. D., of Washington, surgeon general of the army; O. F. Wadsworth, M. D., of Boston, president of the American Ophthalmological Society; DeForest Willard, M. D., of Philadelphia, president of the American Surgical Association; H. August Wilson, M. D., of Philadelphia, president of the American Orthopedic Association; James C. Wilson, M. D., of Philadelphia, president of the Association of American Physicians; Walter Wyman, M. D., of Washington, surgeon general of the Marine Hospital Service; Abraham Jacobi, M. D., of New York, chairman.

John H. Huddleston, M. D., Secy., 126 West 85th St., New York City.

American Association for the Advancement of Science.

WASHINGTON, D. C., April 9, 1902. Dr. Wm. N. Beggs, Denver, Colo.:

MY DEAR SIR—This association, which has long exerted its great influ-

ence in the promotion of science, wishes to extend that influence by contributing to the promotion of medical science. The experience of the German Association of Naturalists and Physicians has clearly demonstrated that a combination of the interests of medical science with the interests of other branches of science works for the welfare of all and leads to their greater advancement. Accordingly, this association, at its recent meeting in Denver, organized a new section of Physiology and Experimental Medicine, and the first scientific meeting of this section will be held during the session of the association at Washington, D. C., during convocation week, December 29-January 3, 1903,

under the vice presidency of Dr. W. H. Welch.

A large number of physicians are already members of the association. The establishment of the new section will, it is hoped, be an inducement to many members of the profession to join the association, the meetings of which are expected hereafter to exert an important influence on the development of medical science in this country.

This communication is addressed to you in the hope that you may be willing to lend the aid of your name to this new movement, after reading the enclosed printed matter. Yours very truly,

CHARLES SEDGWICK MINOT, WILLIAM H. WELCH, L. O. HOWARD.

NEWS ITEMS.

ST. JOSEPH'S SANITARIUM, SILVER CITY, N. M.

This institution was organized last August and for the time being occupied the building previously known as the Sisters' Hospital of Silver City. The work proved so successful that the need of additional space became apparent before the end of the year.

The management of St. Joseph's Sanitarium was placed in the hands of an advisory board, thus insuring conservative and yet progressive administration. The names of the men who compose this board are as follows: J. C. Wilson, M. D., Philadelphia, Pa.; C. B. Penrose, M. D., Philadelphia, Pa.; E. L. Shurly, M. D., Detroit, Mich.; Herbert Maxin King, M. D.,

Grand Rapids, Mich.; E. Fletcher Ingals, M. D., Chicago, Ill.; M. D. Lederman, M. D., New York; W. G. Hope, M. D., Albuquerque, N. M.; John Mackenzie, M. D., Baltimore, Md.; S. E. Solly, M. D., Colorado Springs, Colo.; J. Riddle Goffe, M. D., New York; P. F. Gildea, M. D., Colorado Springs, Colo.; Robert C. Myles, M. D., New York; Seymour Oppenheimer, New York.

The immediate care of patients and direction of the work is under the management of Drs. Will T. Williams and E. Bullock.

The therapeutic principles which underlie the work are a careful application of the so-called Brehmer method in a closed institution in a favorable climate, as at Fort Bayard. Medication is symptomatic.

Every effort has been made to safeguard the work of this institution, to keep it on a high scientific plane.

The new building, which is now in process of erection, will cost \$35,000, and provides accommodation for fifty patients. Great care has been taken to have it suited to the purpose, and with that end in view the plans were submitted to a competent engineer. It will be in the old California Mission style. the main feature of which is the central court. This court is 150x150 feet. The building is one room thick and one room high with porches outside and inside upon which the rooms open by means of French windows. The outside porch is covered by a continuation of the main roof and the inside porch has a skeleton roof covered by movable awnings. It is readily seen that this style of building possesses all the advantages and none of the disadvantages of the excellent cottage systems. The plumbing, etc., is modern in every respect. In the main building there is also a room devoted to hydrotherapeutic apparatus, a room for the medical director, etc. The recreation room, also in the main building, is very large and the walls are mostly of glass. The dining room, kitchen and research laboratory are in separate buildings.

The present building, containing operating room, etc., will be used as an infirmary for such cases as require more strictly hospital treatment, nursing, etc.

The contract calls for the completion of the building July 1.

OPENING OF THE MEDICO-CHIRURGI-CAL COLLEGE LABORATORIES.

The informal opening of the new laboratory building of the Philadelphia Medico-Chirurgical College on Seventeenth and Cherry streets, occurred at I o'clock, Thursday, May I. dresses were delivered by ex-Justice Edward M. Paxton, Prof. Edward A. Houston, P. L. Webster Fox, chairman of the building committee, and the deans of the various departments of the college. All of the faculty and a large number of the students and their friends were present and inspected the building, which is a handsome one and well equipped. It faces 100 feet on Cherry street and 78 on Fifteenth street. On the fifth floor is located the laboratory of anatomy and histology. The chemical laboratory, said to be one of the finest in the United States, is situated on the third floor. The second floor is given up to a dental dispensary, while the first is devoted to dispensaries for general medical and surgical The basement is to be fitted up as a gymnasium and reading room.

The building has cost over \$125,000, and considerable more will be expended on it before it is opened for students in the fall. It will accommodate about 700 students in all of the departments.

The officers of the Board of Health of San Francisco have been dismissed from office by the mayor of that city for repeatedly declaring that bubonic plague existed in the city, whereas, in the mayor's opinion, none existed. The mayor at once appointed new men to fill the vacancies.

A recent report in the local press serves to bring out two points. first is the ignorance of the people in general concerning medical matters. It is reported that a woman in Colorado Springs gave her little daughter, age one and one-half years, a box of nux vomica tablets to play with. As a result therefrom the child died May 9. The newspaper also states that the tablets contained strychnine, which, from a medical point of view, would scarcely The second point embe surprising. phasizes the deplorable habit of selfdosing on the part of the public. It is stated that the mother had bought the tablets for dyspepsia and was in the habit of giving the child one occasionally. It is not stated whether the mother or the child was the subject of dyspepsia, but it is to be presumed the former. Fortunately there is a considerable amount of timidity among members of the profession in regard to the dosage of strychnine. Otherwise more such fatalities would undoubtedly be reported.

Harry R. Smith and Walter Nauman, members of the senior class of the Colorado College of Dental Surgery, have taken legal steps to compel that college to issue them diplomas, by applying to the District Court for mandamus to that effect. They claim that, although they did not matriculate until thirty-four and twenty-six days respectively after the opening of the college year in 1899, the officials of the college agreed to excuse their delinquency in this respect and overlook the rule of the National Association of

Dental Colleges which provides that no college shall give credit for a full course for students for the opening of the session.

Drs. McKenzie and Wells of Victor, Colo., have opened a private hospital in that town. They have taken the entire fourth floor of the Woods building, and equipped it for modern hospital purposes. The offices of the attending physicians are grouped about a large central reception room common to them all. Upon both sides are rooms for patients and nurses and in front are situated the operating rooms and bath rooms and their accessory administration departments. In addition to Drs. McKenzie and Wells the staff includes Dr. Williams for diseases of the eye and ear and Dr. Downes for dental affections.

The Colorado Humane Educational Society, like the traditional cat, gets its back up on slight provocation. It now proposes to ask at the next legislature to pass a law prohibiting vivisection in the state. Of course it does no good to ask them how many babies it takes to equal one cat.

Dr. P. H. Heller, formerly of Cripple Creek, has removed to Pueblo, and his office and practice has been taken by Dr. Will Moore, who has recently returned from California.

Dr. J. O. Kessinger and wife of Anaconda returned home April 30, after a visit to their former home in Milan, Mo.

There recently occurred in Cripple Creek, Colo., several cases of pneumonia that might be properly classed as contagious. Four deaths, a father, mother and two sons, occurred in one family. In addition to these a sister of the mother and a neighbor who had assisted in nursing the family also contracted the disease and died, the deaths all occurring in a period of two weeks.

The board of directors of the Colorado Maternity and Children's Hospital intend to work vigorously toward the erection of a new building which will cost about \$10,000. A number of locations are under consideration. They hope to be able to complete the building during the current year.

Charles Waldo Love, son of Dr. Minnie C. T. Love of Denver, Colo., won one of the five scholarships given by the Students' League of New York on drawings from life. The other four were awarded to students of Buffalo, Washington, D. C., Rhode Island and Detroit.

It is possible that a National Emergency Hospital may be erected at Fowler, Colo. Inquiry with reference to the desirability of that location has been made by the secretary of the National Emergency Hospital, with head-quarters at Chicago, Ill., of the secretary of the Denver Chamber of Commerce.

After July next, women are to be admitted to Rush Medical College on an equal footing with men.

Drs. I. B. Perkins, C. K. Fleming, C. A. Powers, J. M. Blaine, E. A. Scherrer, A. J. Horn, A. K. Worthington and Philip Hillkowitz have been added to the staff of the Colorado Maternity and Children's Hospital of Denver, Colo.

Governor Otero of New Mexico recently appointed Mrs. Dr. Blinn of Socorro and Dr. Ella J. Rice of Las Vegas among the delegates to the twenty-ninth annual meeting of the National Conference of Charities at Detroit, May 28 to June 3.

The Detention Hospital for Contagious Diseases of Victor, Colo., was burned April 24 with a loss of \$1,500. It was unoccupied and consequently no casualties occurred.

Dr. T. D. McKown of Cripple Creek, Colo., recently made a two weeks' visit to Philadelphia and other eastern' towns, returning the first week in April.

Dr. J. W. Anderson of Detroit, Mich., who has come West on account of his wife's health, has located at Cripple Creek.

The Lawrence County Medical Society of Pennsylvania has resolved upon a "dead beat" list and has appointed a collector.

The general health of the Cripple Creek district has been unusually good this spring and the physicians are all complaining of dull times. Dr. Pembroke R. Thombs died April 27 in Pueblo, after a ten days' illness. Dr. Thombs was born in Yarmouth, Me., December 1, 1839. He entered Rush Medical College in 1859, received his degree in 1862, and upon graduation at once entered the Union army, where he served as surgeon until the close of the war. Receiving his discharge in the early part of 1866, he came to Colorado, locating in Pueblo, where for thirty-six years he practiced medicine with honor to himself and credit to his profession.

At a special meeting of the Pueblo County Medical Society the following resolutions were unanimously adopted:

"Whereas, It has pleased the inscrutable will of Divine Providence to remove from his sphere of active usefulness in our midst our ex-president and fellow-member, Pembroke R. Thombs; therefore be it

"Resolved, That in our intercourse with him we recognized a man of sterling integrity and a wise counsellor, one who was loyal and generous, kind and considerate to all. And no member of our profession in Colorado was more widely known or more heartily loved and respected.

"He came to this locality a pioneer

in the medical profession when hardships were great and trials severe. The profession and state soon recognized his ability and conferred upon him responsible positions.

"He served the State Medical Society as its president, and was placed by Governor Pitkin in charge of the State Insane Asylum, which he held for twenty years continuously.

"Resolved, That to the members of his family we offer the most heartfelt sympathy and condolence. He has left them the memory of a life filled with good works and the gratitude of a multitude of friends and patients will be to them a rich inheritance.

"Resolved, That a copy of these resolutions be engrossed upon the minutes of this society and a copy of the same be transmitted to his family.

"R. W. CORWIN,
"W. L. DORLAND,
"P. H. HELLER,
"Committee."

W. B. Davis, M. D., of Pueblo, has returned from a three months' trip to Mexico and announces his intention of returning and taking up permanent residence there the latter part of the year.

BOOK REVIEWS.

OUTLINES OF ANATOMY. By Edward W. Holmes, A. B., M. D., Demonstrator of Anatomy, University of Pennsylvania (1892-1901); Surgeon to the Methodist Episcopal Hospital; Consulting Surgeon to the

State Asylum for the Insane, Norristown; Consulting Surgeon to the Northern Dispensary, etc. Second Edition. Press of the New Era Printing Company. Lancaster, Pa. 1902. This little work gives an outline of the method of dissection of the human body. A few instructions with reference to the method of study precede the specific directions for dissection. The work of each day is laid out and a brief table simply indicates the study which is to be made from the cadaver and the text-book. It does not pretend to take the place of any of the works now in use, but supplements them and indicates how the best results may be obtained.

OUTLINES OF PHYSIOLOGY. By Edward Groves Jones, M. D., Lecturer on Physical Diagnosis in the Atlanta College of Physicians and Surgeons, and Professor of Physiology in the Dental Department of the same. With 107 illustrations; 12 mo., 400 pages. Published by P. Blakiston's Son & Co., 1012 Walnut St., Philadelphia. Price \$1.50 net.

At first glance one is apt to be deceived in the scope and character of this work. The tendency would be to place it in the class of quiz compends in which the barest outlines of the subject under discussion are given. A more careful examination will. however. show that the present work occupies a position between the quiz compend and the larger hand book. It is a textbook which may be well employed for first year medical students and also for students in colleges of liberal arts and general science.

The various subjects properly comprised in the scope of a work on physiology are discussed fairly and briefly. The terseness of language is sush that almost no sentence can be overlooked by the student, as each sentence is meant to convey a special physiological fact. For that reason the amount of matter crowded into this small volume is considerably more than would ordinarily be thought possible. Suitable illustrations are interspersed for elucidation of the text.

THE PRACTICAL MEDICINE SERIES OF YEAR BOOKS, Comprising Ten Volumes on the Year's Progress in Medicine and Surgery. Issued monthly under the general editorial charge of Gustavus P. Head, M. D., Professor of Laryngology and Rhinology, Chicago Post-Graduate Medical School. Volume 2, General Surgery. Edited by John B. Murphy, M. D., Professor of Surgery Northwestern University Medical School. November, 1901. Price \$2.00; price of series \$7.50. The Year Book Publishing Co., 40 Dearborn St., Chicago, Ill.

This, the second volume of this series, gives us a very satisfactory review of the advances in general surgery occurring during the preceding year. The subject of Anesthesia and Anesthetics is treated briefly, special attention being devoted to the newer anesthetics. This is followed by a discussion of the recent improvements in operative technique. The subject of wound healing, the study of the blood and its surgical relations and the influence of the various elements affecting healing of wounds, are discussed

briefly. Then follow at length the discussions of the individual surgical affections and the advances made in them.

Although the work is a small one it contains some 500 pages and forms a very convenient work of reference, which will undoubtedly find a place in the working library of both surgeon and general practitioner to their satisfaction.

A Text-Book of Gynfcology. Edited by Charles A. L. Reed, A. M., M. D., President of the American Medical Association (1900-1901), Gynecologist and Clinical Lecturer of Surgical Diseases of Women at the Cincinnati Hospital, Fellow of the American Association of Obstetricians and Gynecologists, Fellow of the British Gynecological Society, corresponding member of the National Academy of Medicine of Peru, etc. Illustrated by R. J. Hopkins. D. Appleton & Co., Publishers, New York, N. Y.

This work is really a system of gynecology, being the result of the collaboration of a considerable number of men who have attained eminence in the profession, not only in gynecology, but in branches of medical science which may be more or less closely related thereto. In preparing the work three special objects have been held in view, as set forth in the preface, viz.:

1. The formulation of a text-book which shall serve as a working manual for practitioners and students and which shall embrace the best approved developments of gynecology, including those of a later date than are, or can be, included in a work of similar magnitude by a single author.

- 2. The co-operation of the various departments of medical science in their synthetic relation to gynecology.
- 3. The specific recognition of the work of investigators and operators in gynecology and co-related departments.

How well the purpose set forth in the preface has been carried out a very superficial examination of the work will reveal, and a closer acquaintance confirms the first favorable impression.

The position of the author with reference to the medical or surgical treatment of gynecological affections is very readily seen. He is a surgeon and very evidently to him most diseases of women are essentially surgical in nature and call for surgical treatment.

The method of treatment of the subject is essentially didactic. The reader is carried to the bedside or into the operating room. The various preliminaries to each special subject are given succinctly. The pathology and bacteriology of the disorders under discussion are presented clearly and distinctly and at sufficient length. The clinical history and the operative details are given in narrative form. Numerous illustrations, many of them new, add to the clearness of the clinical and operative features.

Little or no attention is given to the obsolete gynecological procedures with which so many works of this kind are burdened. The treatise is essentially a modern one, giving us a comprehensive view of the gynecology of the present day.

The personality of each writer is distinctly in evidence. This lends a certain salient charm. At times, however, it actually is a little too prominent. The work must certainly meet with the approval of the careful, the conservative, and the conscientious practitioner. The author is conservative when conservatism meets with the consensus of the best judgment of the best men. He is radical in the treatment of those conditions in which to be radical is to act for the best interest of the patient. The work is comprehensive without containing unnecessary and undesirable profusion of minute detail.

STUDIES IN THE PSYCHOLOGY OF SEX. SEXUAL INVERSION. By Havelock Ellis, L. S. A. (England); Fellow of the Medico-legal Society of New York and the Anthropological Society of Berlin; Honorary Fellow of the Chicago Academy of Medicine, etc.; general editor of the Contemporary Science series since 1899. Pages xi-272. Size, 85%x5¾ inches. Extra cloth, \$2.00 net, delivered. Sold only to physicians, lawyers, advanced teachers, and scientists. Philadelphia, Pa.; F. A. Davis Co., Publishers, 1914-16 Cherry street.

The series to which this volume belongs will probably be completed in five volumes. The first volume, treating of the subject of the "Evolution of Modesty, the Phenomena of Sexual Periodicity, and Autoerotism has already been reviewed in these columns.

This is the second edition of the present volume. The first was pub-

lished in Great Britain and, unfortunately, the Recorder of London, in his capacity of judge, decided that it was not a scientific work, a decision with which but few medical men will agree. In a few reviews it has met with unqualified condemnation. In most instances, however, its characteristic as a scientific review of a subject in medical psychology of which but too little is known has been recognized and correctly commended. The bias of the individual, the pre-formed prejudices, the scientific training and consequently the development of scientific judgment will largely determine the position which the individual physician will take with reference to this work

The present critic can see no reason for applying a different principle of criticism to this than would be applied to works of general medicine, general surgery, or any of the specialties. The subject it treats has something of the decidedly repellant in it, but that will apply largely to other special works which we do not think of regarding in other than a purely scientific manner. One cannot maintain that proctology, gynecology or the diseases of the genito-urinary system are subjects especially attractive. These form, however, as important branches for the physician to know as those more pleasant in their nature. The same holds true of the subject matter of the volume under discussion.

The work is practically a series of clinical lectures on the subject of sexual inversion, being based upon numerous case histories and records, many written personally by the subjects of the

disorder, and comments are made upon. these by the author. The case records referred to are principally contained in two chapters, one devoted to sexual inversion in men, and one to the same affection in women. These are followed by a chapter on the nature of sexual inversion, one on the theory, and then another on conclusions in which the position which the physician as well as the legislator should take with regard to this condition are set forth at length.

DISEASES OF THE DIGESTIVE ORGANS IN INFANCY AND CHILDHOOD, with Chapters on the Diet and General Management of Children and Massage in Pediatrics. By Louis Starr, M. D., late Clinical Professor of Diseases of Children in the Hospital of the University of Pennsylvania; Consulting Pediatrist to the Maternity Hospital, Philadelphia, etc. Third edition, rewritten and enlarged; illustrated. Published by Blakiston's Son & Co., 1012 Walnut St., Philadelphia. 1901. Price \$3.00 net.

The first edition of this work acquired an enviable position in the literature of its field. The present (the third) editon portrays the advances that have been made on the subject of disorders of digestion in children during the last decade. Well written, not too prolix, not too condensed, it presents to the practitioner, in convenient form, the knowledge he must necessarily have if he is to be regarded as successful in his practice among children.

In the introductory chapter on the general management of children he

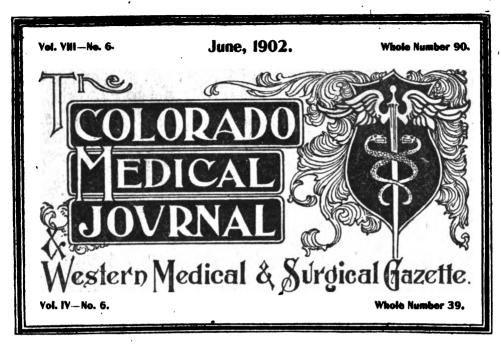
takes up the subject of feeding at some length. His position with reference to laboratory milk food is well worth noting. After discussing the methods of the preparation of milk employed in milk laboratories and conceding the advantages, he says: "With all these advantages, laboratory milk is theoretically the most perfect substitute for normal human milk that science has yet devised. But, unfortunately, clinical experience does not bear out this theory.

"Since the establishment of a milk laboratory in Philadelphia I have thoroughly tested this method of feeding, with very unsatisfactory results. Of a large number of infants so fed there were a few that thrived under the exclusive use of percentage milk from shortly after birth up to the time of beginning a mixed diet, a larger class in which the method was partially satisfactory, and a much larger one in which it was quite unsatisfactory."

He treats very briefly the subject of massage in pediatrics. In part one he takes up the subject of disease produced by improper food and imperfect nutrition, discussing the subjects of Simple Atrophy, Infantile Scurvy. Rickets and Lithæmia, an addition to the former edition of the work. Part two is devoted to the diseases of the digestive organs. In this additions are made in the subjects of Infectious Follicular Tonsilitis, Naso-Pharyngeal Adenoid Hypertrophy, Proctitis and Appendicitis.

Suitable illustrations, specific directions for diet and appropriate prescriptions are given in abundance.

Table of Contents on Advertising Page 3. Do you read the Advertising Pages? If not you are missing something good.



THE COLORADO MEDICAL JOURNAL 133 West Colfax Ave., Degver, Colorado.

WM. N. BEGGS, A. B., M. D., ALLISON DRAKE, Ph. D., M. D., **Editor and Publisher Associate Editor**

Entered at the Postoffice at Denver, Colorado, as second class matter.

AGE DOES NOT ALWAYS IMPLY HONESTY. OLD PLANKS ARE OFTEN VERY ROTTEN SO ARE SOME OLD FIRMS WHOUSE AGE TO GOVER RASGALITY.

SEVERAL FIRMS ARE SELLING SPURIOUS | DIOXOGEN, LÍSTERINÉ, ANTIKAMNIA, PEPTO-MANGÁN,

ARSENAURO, CAROID.

COUNTERFEITING EVERYTHING WORTH COUNTER

If You prescribe arsenauro in Diabetes Mellitus You want arsonauro- not red ink

EVERY GENUINE BOTTLE OF ARSENAURO HAS OUR SEAL ON THE NECK COUNTERFEIT HAS NOT.

LOOK OUT

CHAS ROOME PARMELE CO. 45 Jann St. NY.

Digitized by Google

BOVININE

The treatment of disease by Auxiliary Blood Supply.

BOVININE

supplies all the wants of a diseased constitution. Makes new and rich blood more rapidly than any other preparation. Use it in consumption, anaemia, dyspepsia, malnutrition and all catarrhal troubles. Send for our scientific treatise to topical and internal administration, and reports of hundreds of clinical cases.

THE BOVININE COMPANY,
75 West Houston St., New York.

LEEMING MILES & CO., MONTREAL. Sole Agents for the Dominion of Canada.

THIS SPACE FOR SALE

ADDRESS
THE COLORADO MEDICAL JOURNAL DENVER, COLORADO

THE COLORADO MEDICAL JOURNAL

...AND...

WESTERN MEDICAL AND SURGICAL GAZETTE

A Scientific Medical Journal, Published in the Interest of the Profession of Colorado and Adjoining
States—A Journal of Science, of News and of Medical Lore.

Vol. VIII.

Denver, Colorado, June, 1902.

No. 6

ORIGINAL COMMUNICATIONS.

Incentives.*

By FROST CRAFT, D. D., DENVER, Colo.

I congratulate the faculty of Gross Medical College upon the success of your labors during the year which closes with this evening's exercises, and upon the graduation of so large a class.

I congratulate the young men and women of the graduating class upon the successful completion of your course of professional study. Knowing something of the heavy work required in the modern medical college, I am sure you well deserve the honors you are about to receive. I know something, too, of the aspirations and hopes with which you look into the larger life upon which you are about to enter; and I bid you godspeed and wish for each of you a useful, successful and happy career.

Perhaps I ought to congratulate also the families to which these young people belong that the time of gradu-

ation has finally come. I have a medical student in my own family, and during the year he has introduced into our home various unsightly, malodorous and gruesome specimens. is no fiction or figure of speech that there are skeletons in the parsonage Mysterious boiling processes closets. have been carried on in our laundry for days at a time, until some of the household are afraid to enter this department after dark. It will be a matter of decided satisfaction to the family when this young medic's college days are done, and all these disagreeable appurtenances are removed to an embryo office.

I trust you members of this class will be as successful in practice as a doctor I heard of. One of his patients said to a friend, "The doctor promised he'd

^{*}Address to the Graduating Class, Gross Medical College, May 15, 1902.

put me on my feet again in two weeks."
"And didn't he do it?" said the friend.
"He did, indeed. I had to sell my horse and buggy to foot the bill."

When you come to make your announcement to the public, or to hang up your sign, I hope you will be more explicit than the merchant who announced "Annual sale now on; don't go elsewhere to be cheated, come in here." Or than the man who wished to dispose of his piano, and wrote, "For sale, a pianoforte, the property of a musician with carved legs." Or than the man who advertised like this: "Bull-dog for sale; will eat anything; very fond of children."

Inasmuch as Prof. Rothwell is to present the code of ethics this evening, his honor, the dean, suggested to me that my address should be upon a theme of some general interest, rather than upon one that would apply in particular to the graduating class. The theme is Incentives.

A marked feature of our nature is susceptibility; the capability of being impressed, influenced, inspired. The doors into our being are many and they are wide open. One of the first feelings experienced at sea is the strange openness of the situation; there is no shelter, no protection; every wind that blows may strike the vessel. So the "heart and mind are open for all winds to blow through, airs from heaven and blasts from hell."

As this capability exists in our nature, a corresponding need of inspiration is found in our life. Every man requires some stimulating influence, some beckoning hand, some

awakening voice. All freely confess this need. Every poet invokes the muses; every soldier needs something to kindle his courage, hence the necessity for battle flags, war cries, martial music, and the magnetic presence of the brave commander. One thing that made Napoleon the consummate general was his marvelous ability to inspire his men. Every Christian has this same need, hence he prays, hence also the promise of the quickening Spirit. In all labor and duty we need some strong incentive.

Corresponding to this capacity in our nature and to this need in our life, incentives are found on every hand. Every man is acted upon, moved, stimulated by the influences surrounding him. No one is left to the free, uninterrupted action of his own powers; forces spring up at every step to quicken and incite. No one crosses the sea of his life in a dead calm, left merely to choose his course: fierce and various winds blow there, which must be yielded to or resisted; strong currents flow there which must be taken advantage of or counter-Standing before the opposite paths of life, a man receives not merely suggestion and solicitation, but powerful influences lay hold of him, to awaken his desires, to stimulate his en-.deavors, to encourage his choice.

Incentives are good and evil; this fact renders life critical. Much is said of the temptations of life, of the magical allurements of evil, and all this is true. The paths of the young are particularly beset. Many parents feel as anxious and uncertain about their children as if they were exposed to the

dangers of the battlefield; and not without reason, for, alas, how many enter upon their career with bright promise, but

"There cometh a mist and a weeping rain,

And life is never the same again."

The spacious halls of iniquity are only too inviting; they gleam with light, and resound with music, and ring with laughter, and flash with jewels, and flow with wine. There fashion trails her gorgeous robes, and wealth revels in proud luxury, and beauty, "her coral lips in nectar steeped and garlanded her hair," fascinates with her smile and thrills with her touch.

"Temptation hath a music for all ears."

A shallow worldliness, a blind but eloquent unbelief, the seductive charm of evil companionship, the glamour of false success, the fevered haste to be rich, the fatal witchery of unchastity, the cup, flashing and foaming with enchantment, but filled with the "adder's venom" and the froth of death, appeal to men with awful power and sad effect. Incentives to evil abound.

But incentives to good also abound. The lights burn brightly on the heights of honor; the halls of virtue are thronged with a goodly company; no face is so fair as that of purity; no gem so priceless as peace of conscience; no impulse so authoritative as duty; no dynamic so strong as love; the angels are ministering spirits; the divine words, the holy life, the tragic death of Jesus exert their quickening influence.

Thus on life's fitful sea voices ever

greet the ear,

Voices sweet from far and near, Ever singing low and clear, Ever singing cheeringly."

The silent star depths, the sublime sea, the towering mountain, the majestic storm, the rich luxuriance of field and forest, yea, all the voices of nature, appeal to the higher sentiments. evident superiority of nobleness, the universal respect accorded to integrity, the willing tribute paid even by wrongdoers to genuine goodness, the uniform testimony of poet and sage and saint, the plain teaching of all history that the powers above make for righteousness. the expectation of friends, the pressure of responsibility, the pang of suffering, the solemn warnings blazoned on the walls of the palace of life, unmistakable as the writing of that spectral hand at Belshazzar's feast-these and many like things encourage men to choose the good and reject the evil.

I emphasize some incentives that may prove sources of power in every life.

First a lofty purpose. This is fundamental; there must be something to aim at, something to be attained before there can be any inspiration to act. The ship must be headed for some port, some destination must be held in view. otherwise no one could expect a direct course, or any sustained effort on the part of the seamen. The general of an army must have some conquest to propose before he can hope to arouse the valor of his troops. A definite purpose, strongly cherished, awakens power and calls into activity what there is in a man. It not only furnishes a field for action, not only directs and concentrates his energies, but it rouses the

faculties and kindles enthusiasm. The highest energies are never brought out except by the inspiration of some definite purpose. Every one who has ever set before himself a high aim has felt the thrill of awakening power, has been surprised at the development of unexpected resources. Much latent force exists in men. Nothing serves better to liberate this force than a noble purpose steadily cherished. With such a purpose a man is like a standing army in time of peace; the power is there, but nothing to exercise itself upon. challenge must come from some foe to call out the sleeping fire and transform the dull routine of camp life into the resistless march of a conquering host.

While a lofty purpose brings warmth and glow to the whole being and evokes all its activities, just as the sun calls forth the grace and glory of the flowers, nothing so benumbs and stupefies, or leaves one so open to wrong influences, as an indifferent, purposeless, drifting, desultory life. If a shipmaster does not care where his vessel goes, but lets her drift, she will likely go on the rocks. If a man does not care what he does he will likely do nothing or do wrong.

The inspiring power of a purpose is clearly seen in circumstances of difficulty. Many have been brought through their hours of darkness and discouragement only by the stimulating effect of the high aim that has shone before them. It was the splendid purpose cherished by Lord Beaconsfield which enabled him to withstand the storm of ridicule which greeted his first effort in the House of Commons, and which inspired his prophetic words, "The

time will come when you will hear me," and which finally placed him at the head of the British government. Through years of deep discouragement Columbus was roused to enthusiasm and persistence and eloquence by the noble aim which had become the dream of his life.

It was only the cheering influence of the purpose he had adopted that led Bernard Palissy, the famous potter, through sixteen years of failure and poverty and blame, to his well-earned triumph.

Dr. Schlieman, at eight years of age, dreamed of exploring the ruins of Troy. This settled purpose inspired his extraordinary efforts to obtain an education; filled him with hope, even when apprenticed to a grocer at £9 a year, and compelled to work from 5 in the morning to 11 at night, and gave him courage through long years of obscurity and poverty, and finally made him the foremost archæologist of his time.

When Paul was brought face to face with bonds and afflictions, the holy purpose which he had cherished for years inspired the noble words, "None of these things move me."

When the mysterious shadow of that exceeding sorrow began to fall upon Jesus, he exclaimed, "What shall I say—Father save me from this hour?" but instantly his mighty purpose to redeem the world arose before him, and he said, "but for this cause came I unto this hour," and with this inspiration he went forward to the garden, the cross, and the sepulchre.

This incentive, a purpose, with all its power, every one may have.

"Back flies the foam, the hoisted flag streams back,

The long smoke waves on the homeward track,

Back fly with winds things which the winds obey,

The strong ship follows its appointed way."

No more noble purpose can be found, none that more fully lays under tribute all that is good and great in man, none that affords a wider field for scholarly research and unselfish comice to mankind, than to be a competent and worthy member of the medical profession. One great reason for failure in life is that men lack the awakening and control-·ling power of a high moral purpose; they have no clearly defined aim with They may have respect to character. some purpose as to business, morally they are adrift. No wonder they are caught in the maelstrom of passion and dashed on the rocks of sin. If a purpose is necessary in business, it is more necessary in character, for the man himself is greater than his work. Glorious aims both as to character and achievement, as to what we may be and what we may do, glitter before us like stars; these humbly but strongly cherished will prove unfailing incentives to good.

"So close is glory to our dust, So near is God to man, When duty whispers low, 'Thou must,' The youth replies, 'I can.'"

II. Another incentive found in the

ordinary relations of life, and so within reach of all, is the affection of friends. An antique personage said, when his chief friend died, "The theater of all my actions has fallen." That friend was the inspiration of his life.

"The whole human family is bathed in an element of love like fine ether," says Mr. Emerson. This pure atmosphere feeds and invigorates the good within us. Nearly every one receives in some measure this best gift of life—love; and this gift received ought to prove a stimulus to all that is noble, for love begets love, and love is light and power and virtue. Every true man finds an additional incentive to manliness in the love bestowed upon him; this affection has a talismanic power to awaken the higher impulses.

The medical profession, though one of the most laborious and exacting, has its compensations. But few men receive affection in such large measure and of such sincere character as the skilled and kindly physician. He stands at the gates of life as men enter this world; he stands also at the gates of life as they depart; his relations with people are real and elemental and intense; and they learn to admire and trust and love him.

Nothing so delights the love that stands at our side as nobleness in our life; nothing so pains that love as unworthiness in us. This love so vitally related to our conduct ought to be like a vestal virgin, keeping always burning the fires of virtue. Particularly ought the love of parents to possess this quickening power. If I were to speak directly to this class I know nothing I

could say with more heartiness than this: "Be true to the old home, for you may be sure the old home will be true to you." Such love as you find there will follow you to the end of life; it cannot be chilled by neglect, nor quenched by time or distance; it may be wounded but will not die. sacred love, serving and sacrificing, hoping and planning, watching and praying, this love so tender, so sympathetic, so brave, so thoughtful, ought to have a magic power making us capable only of goodness. Lord Macaulav wrote of his mother: "Years have passed since we laid her beside my father in the old churchyard, yet still her voice whispers from the grave, and her eve watches over me." H Benton said: "Whatever usefulness I have attained I have attributed to having complied with my mother's pious and correct wishes."

John Quincy Adams declared "All the good in me I owe to my mother." Benjamin West, the great painter, when quite a boy made a sketch of his baby brother as he lay in the cradle. His mother admired his work, and, in loving approval, stooped and kissed him. "My mother's kiss," he used to say, "made me a painter." Our mother's kisses and tears and loving deeds ought to prove a live incentive to excellence.

III. Men are obvious incentives. Seneca says, "God divided man into men that they might help each other." The mind is keenly sensitive to the stimulating effect of other lives. Tennyson writes, "I am a part of all that I have met." This fact makes com-

panionship powerful for good and ill. According to an old Spanish proverb. "Live among wolves and you will learn to howl." Especially are great men in-The great have a strong centives. fascination for all: we like to see them and hear them and read of them; we admire and emulate them; they lift us to a higher plane and surround us with an electric atmosphere: their influence quickens and enlarges the whole being. One has said, "The main use of great men is to inspire others." Simply to hear of noble deeds makes one gird up the loins of his mind. A Chinese writer says, "When the manners of Loo are heard of, the stupid become intelligent and the wavering determined."

Every noble example touches and cheers us, enlarges our vision and creates an infinite hope. Still greater stimulus is found in personal contact with superior minds; their very presence is a tonic; there is inspiration in their words and looks and spirit; they possess a surplus energy, which is communicated unconsciously, as the flower emits its fragrance. The splendid conversationalist loosens the slowest tongue; the 'man of great courage makes the most cowardly feel brave: the man of vast working power shames our small accomplishments, and sends us to our tasks with new vigor. The holy man makes goodness seem not only possible but desirable and easy. It is said of Fenelon that no one could be in his presence a half hour without wishing to become a Christian. While the disciples remained close to the divine Jesus and felt the inspiration of

his lofty spirit they deemed it impossible that they should forsake and deny their Lord.

The most valuable element in a teacher is not mere exactness of information, or fullness of knowledge, but this power of inspiring others. "The strongest influence I took away from Yale was the spirit of the president," is the testimony of an able alumnus. Dean Stanley wrote of Dr. Arnold's influence over his students, "His very presence seemed to create a new spring of health and vigor within them." The young people of this class have no doubt met members of this faculty who will be an inspiration to them as long as they live.

Even death does not destroy this power of inspiration that great men possess. The past is full of quickening influences as well as graves; its great men live for us still, and invite us to share their greatness. Plato lives almost as truly to the modern student as to the ancient Greek. St. Paul is as real an inspiration to the Christian today as he was to Titus and Timothy and Luke. Lincoln is a larger factor in the life of our nation to-day than when he lived in the flesh. The illustrious names which have adorned the medical profession furnish abundant inspiration to the members of this class and to us all.

Such men as Harvey and Jenner, Simpson and Rush, Pasteur and Agnew and Gross "urge man's search to vaster issues" in knowledge and skill and noble service to the race.

Of course there are exceptions even among doctors. We should surely lose

favor with the ladies if any of us should attempt to follow a certain physician of whom I heard. His fair patient had described her symptoms with much volubility and minuteness and evidently had much more to say, but paused a moment for breath. "Madam." gasped the doctor, "please let me see your tongue; thanks; now oblige me by holding it in that position while I write a prescription." I heard a noted physician ask recently why women do not have a beard. As no one gave the right answer, he said that he understood men became bald because they used their brains so much, and he supposed that women were beardless beceause they used their jaws so much in talking. Both these doctors lacked tact. Tact is described as that "feeling which prompts a woman to dig up from the bottom bureau drawer the photograph of a friend who is coming to visit, and put it on the parlor mantle."

Not only the great are sources of inspiration; obscure and lowly lives have in their measure the same quickening power, the same divine mission.

"No life

Can be pure in its purpose or strong in its strife,

And all life not be purer and stronger thereby."

The most touching examples of fidelity and love and unselfishness I have known have been found among the lowly. I can never repay the debt I owe the common people for the inspiration I have found among them to life's higher things.

The lives even of the unworthy and

the wicked point to the heights, and have a certain power to inspire noble endeavor. A man is never more forcibly moved to activity than when he looks upon that sad sight—a man doing nothing. There is no stronger incentive to humility than the haughty bearing of pride and the ludicrous airs of vanity.

Nothing strengthens the determination to be temperate like the bloated face, the bleared eye and the slobbering speech of the drunkard. The best student is an acknowledged inspiration, but so also is the poorest. No one wants to be like him. The shameful intrigues of Cleopatra make chastity appear the more beautiful. The stern cruelties of the Duke of Alva inspire a tolerant spirit. The story of Benedict Arnold awakens patriotism, and the base treachery of Judas prompts to honor and fidelity. Our grasp on duty is tightened in looking upon men who have flung themselves into the abyss of sin.

"Ah deeper dole!

That so august a spirit, shrined so fair, Should, from the starry session of his peers,

Decline to quench so bright a brilliance In hell's sick spume; ah me, the deeper dole."

It is reported that Professor Josef Swenson of the Royal Veterinary Institution in Stockholm declares as a result of a series of experiments that Dr. Koch was wrong in his contention that human tuberculosis could not be transmitted to cattle.

Even from the dead sea of evil strong winds blow to waft us toward good.

I have spoken of three incentives to high character, Purpose, Love, Men. These are only specimens selected from our personal life, the life of the home, and the larger life of the world. Our whole life abounds with inspirations. the warm Gulf stream flows through the cold waters of the Atlantic, quickening the life of every land whose shores it bathes, so the streams of ennobling influence flow to us through the cold waters of life. As the sunny spring quickens the pulses of nature, as the woods and hills stir the poet's soul. as the sound of martial music fires the heart of the aged veteran, so innumerable potencies, small and great, visible and invisible, from earth and heaven. play upon us, inspiring, impelling to a worthy life. Some perilous sleep must lull the mind, some fatal charm must lock the heart of him who finds more in his life to lure him to evil than to inspire him to good, for

"Every bird that sings,

And every flower that stars the elastic sod,

And every breath the radiant summer brings,

To the pure spirit, is a word of God."

Stricter entrance requirements for medical colleges in Ohio have produced a great decrease in the number of students in the freshman classes, so that consolidation of sister medical colleges locally related is under contemplation in various parts of the state.

Landmarks in the History of Medicine.*

By F. E. WAXHAM, M. D., DENVER, COLO.

In this world and age of progress, science and learning have been advancing at so rapid a pace, new inventions and new discoveries have been crowding one upon another so closely, that we are lost in the contemplation of what has been attained. Man's inventive genius has been displayed alike on land and sea. Palaces float upon the mighty deep, conveying the traveler quickly, safely, in comfort and in luxury from shore to shore, replacing the slow and inconvenient methods of yes-Upon land, steam and rail terday. have replaced the slow-going coach, and electricity, that silent, unseen, mysterious force, has been subdued and made obedient to the will of man; at his command the electric spark goes flashing around the world. The wireless telegraph, the telephone, the electric light, and the electric motor, are all marvels of this age. In every department of science the watchword has been onward, and to contort a bit the words of Galileo, "The world moves."

Has the great science of medicine kept pace with the advances made in other departments of learning? Is the profession of medicine abreast the times? Look at the array of immortal names of those who have conferred eternal blessings upon mankind, and answer. In that long galaxy are to be found names that will never perish, that will pass down from generation to generation to recall benefactors of the human race; for there have been Napoleons in the field of medicine as well as upon the field of battle. As the magnificent engine of to-day, with its train of palace cars, ready for its flight across the continent, compares with the ox team, so does the medicine and surgery of to-day compare with that of other days.

Away back in the dim history of medicine, the sick, or their proxies, were taken to the temples of Aesculapius, and after performing sacred rites and ablutions, were made to sleep upon the hide of some sacrificed animal. that the appropriate remedies for the cure of the disease might be indicated in the dreams of the patient. In the days long gone by, anatomy, physiology and pathology were but little understood, and we were informed that the blood vessels contained mucus and bile. We were told that the bile was the seat of courage, the lungs the origin of the voice, the spleen the seat of reason, the liver the granary of the soul, and the stomach the resting place of the mind.† In the ages past the wise physician consulted the stars and the constellations

^{*}Address delivered at the Commencement Exercises of the Medical Department of the University of Colorado, Boulder, June, 1902.

⁺Baa's History of Medicine.

in order to make a correct diagnosis and to apply appropriate remedies. Today, instead of consulting the heavens, he takes his stethoscope, microscope, electric apparatus and other instruments of precision, and by the most rigid examination every organ of the human body is subjected to his scrutiny, and obscure indeed must be that disease that escapes detection. In other days the most ridiculous and nauseating remedies were administered, such as the "essence of man's brains," "elixir of mummie," "quintessence of snakes, adders and vipers," "spirit of human skulls," "viper wine," and the like. At a later day, patients were bled, blistered and purged until they died cured, too frequently, from the efficacy of the treatment.

Has the science of medicine advanced? Let suffering humanity reply.

The advances made in the field of surgery are even more remarkable than those made in the department of medicine. In days not long gone by a patient was tightly bound, and while shrieking and writhing in agony a mutilated limb was removed and the hemorrhage staunched by the use of boiling oil or the red-hot iron. To-day he lies down to pleasant dreams and awakens to find his mangled limb removed or his deformity corrected. In other days monstrous deformities were unheeded. and operations that to-day are of common occurrence and by which thousands of lives are yearly saved, were then never attempted. Now, so successful and so daring is the surgeon, that not a cavity of the human body remains unexplored; not an organ in the human frame but that is attacked if necessity requires. Even the brain itself, the seat of intelligence, has been successfully invaded, and brain surgery to-day challenges the admiration of the world.

In the dim dawn of history we find that medicine and religion were inseparable. Disease was considered a punishment for sin, to be relieved by sacrifices to the gods. Consequently, the high priests not only ministered to man's spiritual wants, but alleviated, as far as they could, his physical ailments as well.

The history of medicine dates back to the times of mythology, and the first great light in the medical firmament was Aesculapius, the god of medicine. Aesculapius was the son of Coronis and the Arcadian Ischys. Apollo, becoming enraged by the misdemeanors of Coronis, ordered Diana to put her to death. Her boy, Aesculapius, however, was spared, and was later educated by Chiron. He became illustrious in the healing art, and, it is said, even brought the dead to life. This so enraged Pluto that he complained to Jove, who slew him with a flash of lightning. He was then raised to the ranks of the gods by the gratitude of mankind. About 300 years before the Christian era, a fatal pestilence broke out in Rome. It was ordered that the god Aesculapius should be brought from Epidaurus. Consequently an embassy was sent for this purpose, and upon its arrival, a snake crept out of the

^{*}Library of Universal Knowledge.

temple into the ship. Regarding this as the god, Aesculapius, the embassy sailed back to Italy, and when it was entering the Tiber the snake sprang out upon an island. A temple was here erected to Aesculapius, and priests were appointed to take charge of the service and to practice the art of medicine. The followers of Aesculapius were called Aesclepiades, and from them Hippocrates is said to have descended.

Hippocrates the Great, the most famous physician of all antiquity, is the next landmark in the history of In his day ancient Greece medicine. reached the zenith of her power and glory; the most famous poets, artists, philosophers and statesmen then existed that the world has ever known. In such an age the genius of Hippocrates asserted itself. He it was who separated medicine from religious ceremony and quackery, and laid down many principles that guide us even to-day. Many diseases were well understood and many surgical operations well performed, while many remedies in use at the present time were applied in that early day. Ignorant of the anatomy of the human frame and knowing nothing of physiology, it was remarkable that medicine and surgery should have attained so high a standard of excel-The high standing of medicine of those times is well exemplified in the Hippocratic oath, which might well be studied and carefully observed by every physician to-day.

The advances made in medicine by Hippocrates were so great and so remarkable that several centuries elapsed ere further progress was made. But in the course of time another great character appeared upon the scene, whose influence and whose peculiar views controlled the medical fraternity for centuries following. The appearance of Galen marks another epoch in the history of medicine. When we consider the vast number of works written by Claudius Galen, amounting to no less than 500, we can faintly realize what an earnest worker and scholar he must have been, and we can scarcely wonder that he remained the "lord and master of medicine for 1,500 years." by his writings and teachings, added more to the anatomical knowledge of the age than any previous author. must be remembered that the dissection of the human body was not then permitted and his knowledge was obtained from the dissection of animals, in addition to the careful study of two skeletons which it was his good fortune to find while at Alexandria—one stripped of the flesh by birds and the other by the waters of the Nile. Of all his writings, the most important were those on anatomy and physiology, and it is difficult to understand that this great man, whose knowledge and opinions were considered infallible for centuries. taught that the heart was the seat of passion and of courage, the brain an organ for the secretion of mucus and the liver the seat of love. Galen remained the highest exponent of the medical art and his writings remained the text-books until after the break of the dark ages. So great was his superiority over all contemporaries that his doctrines remained the law and gospel until modern times.

With the decline of ancient glory the science of medicine lapsed into insignificance. With the decay of the Roman empire interest in science likewise declined, and superstition, alchemy, magic and astrology held sway. The light of ancient times gradually merged into the night.

For long centuries the world was enveloped in the deep darkness of the middle ages. During this long period there was little to attract attention or interest. The landmarks were few and far between. These dark ages were unmarked by great men or great deeds. They were like a vast desert with no oasis.

But this night of mental darkness was not to last forever. Gradually, slowly, painfully, a new civilization was to be developed that should eclipse the glory of ancient times. The sun of science and of learning which set upon the ruins of ancient Rome was to rise again to illuminate the world.

In the fifteenth century we find evidences of the breaking dawn. vention of the printing press in 1450 was one of the greatest events in the history of this new civilization. It exerted its influence upon medicine as well as upon all other branches of science. With the development of this new and glorious civilization the landmarks in medicine are more frequently seen. During the sixteenth century the practical study of human anatomy was first established by the immortal Vesalius, and thus the foundation was laid for all correct medical knowledge. During this and the succeeding century we find the names of Eustachius, Fallopius, Asellius, Harvey, Malpighi, Glisson and Sylvius, all of whom made their names immortal by their anatomical discoveries. During this epoch chemistry was separated from alchemy and assumed the character of a distinct seience.

During the eighteenth century we meet with many names identified with the progress of medicine. Among them we find those of Boerhaave, Van Swieten, Monro, Blane, Hunter, and the immortal Jenner. During this period we find one of the greatest landmarks in the whole history of medicine, the discovery of the protective power of vaccination, which has been the means of saving more lives than any other discovery of either ancient or modern times.

In Gloucestershire, England, there is to be seen an humble and a neglected grave. Upon the headstone is the name of Benjamin Jesty. The epitaph reads simply, "An honest and upright man." And who was Benjamin Jesty? One who was buried in disgrace because he successfully vaccinated the members of his own family, thereby acquiring the ill-will of all his friends and acquaint-ances, for he had done that which, it was claimed, was liable to transform them into beasts with horns. Thus Benjamin Jesty and his great discovery were buried and soon forgotten.

Twenty years later Jenner made the same discovery, and had the courage to press his convictions to a successful issue, and after years of ridicule and hardship and discouragements, he finally won the appreciation of the world. Humanity can hardly estimate

the blessing conferred by this single discovery, for it alone has added many, many thousands of years to human existence.

Another landmark, worthy of note, during the eighteenth century was the first establishment of insane asylums and the more humane treatment of those deprived of reason. Previously the insane received the most barbaric treatment. They were confined in dark rooms, deprived of fresh air, sunlight and exercise; often chained, put into cages and exhibited like wild beasts for a penny a head.

The nineteenth century was notable for great advances in all departments of medicine and surgery; many new operations were devised and many old operations modified; ovariotomy, laparotomy, intestinal and brain surgery were developed and have attained a degree of success that is almost miraculous; medical apparatus and surgical instruments of all kinds were devised, until it would seem that every possible emergency could be promptly and successfully met. The medical press during the last century was developed to the highest possible degree and it exerted a most powerful influence in directing practical medicine. While we have a long list of names of those who have rendered immortal service to mankind. while every branch and every specialty of medicine have been carefully cultivated, yet there stand out prominently three great advances that will ever make the nineteenth century illustrious as long as time and history endure. These are, first, the discovery of anæsthetics, second, the inauguration of antiseptic

surgery, and third the development of bacteriology.

The first opened up possible operations that before were not considered, for while consciousness is subdued and the patient dead to all sensibility, the surgeon now enters, without fear, almost every cavity of the human body. When we contemplate the vast amount of human suffering that has been endured in ancient and modern times, we can faintly realize the great and priceless boon bestowed upon humanity by the discovery of anæsthetics, the thousands of operations that are now daily and painlessly performed attest the greatness of the discovery.

inauguration The of antiseptic surgery marks another era in the history of medicine no less important. The observation of aseptic principles in surgery and obstetrics has been the means of saving more lives than any other discovery, unless it be that of vaccination. With proper precautions the surgeon of to-day no longer fears the septic fever even after the gravest operation, while puerperal fever, which has been the dread and curse of lying-in hospitals all over the world, is now rapidly becoming a disease of the past.

Great as have been the blessings bestowed by anæsthetics and by asepsis, yet as great a boon promises to result from the development of bacteriology. The detection of bacteria in the blood, the excretions and secretions of the patient, their cultivation, the inoculation of animals with these cultures and the reproduction of the original disease has been a rich field for scientific study. The names of Pasteur and Koch and Klebs and Loeffler and Behring have been rendered immortal by this line of research. The discovery and application of antitoxin for the cure of diphtheria has been a direct result of the development of bacteriology, and thus one of the most dreaded and one of the greatest scourges of early life has been almost eliminated. Scarlet fever and tuberculosis still remain as problems yet to be solved.

In thus hastily glancing over the pages of history, we see that, with the onward march of civilization, the great discoveries in medicine become more and more frequent. As the nineteenth surpassed all preceding centuries in the advances made in every department of learning, so the twentieth will surpass that which has so brilliantly drawn to New truths, new inventions and new discoveries still remain to be revealed. Unknown diseases will develop, requiring new methods of treatment, and man's inventive genius will ever be taxed as long as death remains his enemy.

Ladies and gentlemen! The origin of the medical profession is beautifully accounted for by an old Hindu legend. An Indian prince long ago sought a temple of Buddah, and prostrating himself, prayed fervently, and asked "How best can I serve my Maker?" A beautiful angel appeared and touched him on the arm and said: "Arise! Dost thou serve thy God?" and he replied, "Yes." "Then go serve thy fellowman, administer to the sick, heal the afflicted, help those in distress."

Men and women of the class! are about to be received into the ranks of this noble profession, the noblest of all professions. It is a great, active, progressive, enlightened profession, although a most exacting one; one requiring courage to face unseen dangers; one requiring industry and integrity; one calling for all the higher attributes of man; one calling for many sacrifices, and one with but few rewards, the greatest being the consciousness of work well done. I can say to you, ladies and gentlemen of the graduating class, as the good angel said to the Indian prince. Thou canst serve thy Maker best by serving thy fellowman. "Arise! Go forth! Administer to the sick, heal the afflicted, help those that are in distress." "Act well thy part, there all the honor lies."*

Woodbury, N. J., has at least one couple who literally fulfill the scriptural injunction. The wife of Daniel Newshafer, a young farmer four miles from that village, recently became the mother of three daughters, as the report states very small, but very strong of lung. She is improving. The year

before, the family was blessed by the appearance of twins. Mr. and Mrs. Newshafer have been married just two years.

The State University of Nebraska has annexed the Omaha Medical College.

^{*}References: Baa's History of Medicine; Library of Universal Knowledge; Handbook of Medical Sciences.

Address on Behalf of the Alumni.*

By MARTIN E. MILES, M. D., BOULDER, COLO.

The pleasure of addressing you on behalf of the alumni of this school has been accorded to me; and it is my privilege to extend to each one of you a most cordial greeting as you become one of us.

The form of initiation through which you have passed has been far from easy, as you yourselves can bear witness. However, I trust that the circle into which you are being admitted will be as agreeable to you as I have found it. I say the initiation is hard, for I myself was not slightly impressed with the trials of a medical student. "Illness" as an excuse from quizzes was always an object of suspicion in the eyes of our dean, and my "hospital work" was always in conflict with the chapel hour.

By this I do not wish to imply that our experience here has been in the least unpleasant, nor would I lead you to believe that the life into which you are about to enter is entirely free from minor perplexities. However, when you have once chosen the medical profession and have progressed thus far, you need have no fear of obstacles. Believe me, the work is one of ever increasing interest; the profession is practical and one that promotes intellectual development. Dealing continually with science prepares the mind for bold and original speculation, constant engagement in

following and observing the operation of natural laws produces in the individual a reliance upon their unfailing regularity which inspires confidence and assurance.

The pursuit of medicine and surgery supplies a discipline in mental heroism which cannot be claimed for any other profession. Accurate training in positive science combined with habitual contemplation of suffering and contempt for danger is the best possible preparation for noble studies and arduous discoveries.

The work is fascinating; you will almost lose yourself; at least, it is quite possible that, with so much of surpassing interest before you, you may at times be forgetful of other matters well worthy of your consideration. Things which now seem to you as matters of importance may soon become unattractive and irrelevant; and, while perhaps this is well, yet do not allow your alma mater and your obligation to her to be included in this catalogue. these have a first place in your program. Do not consider it a matter of sentiment.—sentiment does not go hand in hand with science. Do not regard it merely as a matter of gratitude. Gratitude you owe, but this is not sufficient. In considering this matter, we come face to face with a great principle of

^{*}Delivered on Medical Day at the University of Colorado.

life. Within these walls you have been becoming what you are to be. In the warp and woof of your life are combined associations which have been incorporated as a part of the history and progress of this institution. Without the events of the past four years, the finished history of the University of Colorado would be incomplete.

The passing events of every four years are so many bricks which are necessary to complete the structure which our alma mater is rearing. events of the last four years are part of your mental experience during that time. Then, in a peculiar manner, you are a part of this school. If you are permanently changed even by passing each other on the streets, how vastly more must you have been modified by the associations of four years of close student life. In childhood, the little one looks to its mother for care and support; but as the years pass by and the child becomes a man, the same relation exists, but much modified in point The child of years, having of view. come to recognize its own inherent strength, thinks no more of being supported and shielded from the cares of life, but grows stronger with the thought that he is able to support and aid one who has grown old and feeble in the conflict.

Unless you have within you the feeling that the medical school of the University of Colorado is bone of your bone and flesh of your flesh, you are

A bill is before the legislature of New York to make vaccination compulsory. It will probably pass, amended so as to untrue to the instinct of the best, regardless of the high and noble spirit with which you have been endowed. Your profession leads you to a close study of the physical well-being of your patient; you are compelled to recognize that you are studying matter directed by mind, and, therefore, it behooves you to be a student of the laws of that mind. You are compelled to be broad men, men of varied and diverse sympathies. You touch men in high and low stations in life, the rich and the poor, the successful and the unfortunate, the learned and the unlearned, men of varied dispositions and ever changing moods. In short, you have an opportunity to know men and women, you hold a relation to the home such as no other class of men holds, you see life at its best and under the most unfavorable circumstances, yet you are observing life and life only.

In a measure, you are to be more than the physician of the home, you are to be its advisor and counselor. If, then, you are a party of the university and it is a part of you, how can you be otherwise than true to your obligation and awake to her interests.

In behalf of the alumni of the University of Colorado, I welcome you to a place among us, and sincerely hope that in the coming years the students of this school may point, with a feeling of pride, to you as one who has conscientiously served his day and generation.

give the State Board of Health, instead of the local boards, power to determine when compulsory vaccination is needed.

Complete Prolapse of the Uterus, Hysterectomy and Ventro-Suspension of the Cervical Stump. Report of a Case.

By I. B. PERKINS, M. D., DENVER, COLO.

Complete prolapse of the uterus, in this day of advances in gynæcological work, is comparatively rare, and yet not so rare but that every gynæcologist can call to mind cases occurring in his own practice, most of which were probably encountered in the earlier years of his A few years hence a case of this kind should be a curiosity, owing to the fact that displacements are now usually corrected before they reach such an advanced stage. The name "sacropubic hernia," as applied to this condition by some writers, is expressive in so far as the location of the tumor is concerned. The hernia sac, the outer portion of which is the inverted vagina, usually contains not only the uterus but also the bladder and portions of all the other pelvic organs. The name pelvic hernia might be used as indicating the contents of the sac.

Complete prolapse is rarely, if ever, found in women who have not borne children. Subinvolution of the uterus with a lacerated or over-distended pelvic floor, together with the patient having too early assumed the erect position after parturition, is probably the most frequent exciting cause of this trouble. The uterus first becomes slightly prolapsed and retroverted and then in regular order it is found in the various forms and degrees of displacement, un-

til the cervix, and later the whole uterus is seen protruding at the vulva. The use of corsets or anything that will contract the waist and bring pressure on the abdomen from above may act as a cause. Also, whatever interferes with the general nutrition of the body will tend to produce relaxation of the pelvic floor and thus favor prolapse.

As a preventive measure, the obstetric patient should be kept in bed at least two weeks. This period should be lengthened provided there have been any lacerations of the pelvic floor or if the labor has been difficult. has been laceration of the perineum or the pelvic floor there should be immediate and thorough repair. It is necessary that the lacerations be thoroughly repaired if repair is attempted. stitch or two," as we have so often heard mentioned, is of little or no value. In cases where operation was not performed at the time of injury and where there is a displacement as a result of the lacerations, early plastic operation should be performed. Mechanical appliances, such as pessaries, I consider to be of questionable value. They frequently cause much harm.

Of the more radical operations for the correction of this condition in the early stages, either the Alexander operation for shortening the round ligaments or the operation of ventrofixation of the uterus is usually employed. If much prolapse exists and if adhesions be present, ventrofixation will usually be the better procedure as it gives the opportunity not only to break up the adhesions, but also to examine the uterine appendages. It corrects the prolapsus, which, of course, the Alexander does not do to anything like the same extent.

When the uterus becomes prolapsed

nearing or has passed the menopause. In this class of cases this plan would appear to have some advantages over simple ventrofixation, as the cervix, which is usually elongated in this case, would, if left, act as a leader or wedge and might tend to cause a relapse into the former condition. Ventrofixation is quite sufficient in any case where the uterus is small, but if enlarged, the weight will be so great that by this weight an elongated peritoneal pedicle



completely, bringing out with it a portion of the bladder, dragging down the tubes and ovaries, and when there are present relaxation and elongation of all the ligaments, nothing short of a radical operation will be of value. In this condition the choice lies between ventrofixation and hysterectomy. Dr. A. Lapthorne Smith of Montreal, in a recent article, advocates the amputation of the cervix, followed by ventrofixation of the uterus, where the patient is

will frequently be formed and the uterus will again become completely prolapsed. Plastic work on the vaginal outlet will tend in a measure to prevent this.

Hysterectomy by the vaginal route should never be resorted to, principally for the reason that after the uterus is removed the hernia still exists. If the uterus is large and the patient has passed or is nearing the menopause, the best procedure will be to remove the uterus by supra-pubic incision; then after folding the peritoneum over the cervical stump, attach this peritoneal covering of the cervix to the parietal peritoneum by means of cromicised catgut sutures. This method was used in the following case:

Mrs. F., age 46 years. Mother of four children, the youngest two years of age. Has had two miscarriages. Gives history of the uterus coming down, but not coming entirely out, ever since her first child was born ten years It has gradually troubled her more and more and for the past year or longer the uterus would come out, but upon the patient assuming the dorsal position it would again return into the pelvis. For four months preceding the operation the uterus remained out and would not return, even when patient was lying down. I show you here a picture of it taken on the day of the This picture, as you see, is operation. taken without any traction whatever being made on the uterus. By holding back the labia on either side the entire vagina could be seen to be external, as could also the cornu on either side of the uterus. You will notice that the cervix has received a stellate laceration. This I repaired and then returned the uterus into the pelvis, and, opening the abdomen, lifted up the uterus, which was quite heavy, and did a hysterectomy. I amputated in the upper portion of the Chromicised catgut was used cervix. for ligating the arteries. The ovaries had been pulled down with the uterus until the ovarian pedicle was so long that it was thought best to remove both ovaries. Cysts existed in both ovaries and by resection a small portion of healthy ovary might have been left, but it was thought best to remove both rather than to leave a portion of either in the condition in which it would have been necessary to leave them. folding in the peritoneum and covering over the cervical stump, the peritoneal flap was ventrofixed to the parietal peritoneum by chromicised catgut sutures placed in front and behind the suture that united the flaps of peritoneum which covered the cervical stump. By ventrofixation of the flap which covers the stump the cervix is left in nearer a normal position than if the cervix itself were brought up and attached to the abdominal wall. A broad peritoneal ligament is thus produced. I then repaired the perineum and did a posterior colporrhaphy. The patient ran an even course. A rise of temperature in the third week was due to a slight tonsilitis. A examination of the patient a few days ago shows, at this time, a splendid result.

A simple plastic operation performed about ten years ago, or an Alexander or a ventrofixation later, would have saved this patient the necessity of undergoing, at this time, this much more serious operation, and would have saved her years of suffering.

The Board of Health of Newark, N. J., have found the injection of an antitubercular serum useful in reducing the fever, night sweats and cough and in improving the appetite and general appearance of tubercular patients.

THE COLORADO MEDICAL JOURNAL

AND WESTERN MEDICAL AND SURGICAL GAZETTE

A Monthly Journal for the Medical Profession of Colorado and Adjoining States.

WM. N. BEGGS, A. B., M. D., ALLISON DRAKE, Ph. D., M. D., Editor and Publisher
Associate Editor

MEDICINE	DEPARTMENT	EDITORS	
MEDICINE— Respiratory and Circulatory C Digestive Tract Tuberculosis Neurology and Alienism. Therapeutics Physiology and Hygiene	rgans	A. S C. I WM. N. BEO B. OO	TAUSSIG, M. D. D. SPIVAK, M. D. GS, A. B., M. D. ETTINGER, M. D. DERBAUM, M. D.
Physiology and Hygiene SURGERY	•••••••	ALLISON DRA	KE, Ph. D., M. D.
General Surgery Ophthalmology and Otology Laryngology and Rhinology Gynecology and Obstetrics Diseases of the Genito-Urinary			ROBINSON. M. D.
LOCAL EDITORS:			
Boulder, Colo	k L. Dennis, M. D. P. M. D. Gibbs, M. D. T. J. McHugh, M. D. W. J. K. Miller, M. D. R	eadville, Colo	H. A. Black, M. D. mes Gill Espey, M. D. Chase Branch, M. D. E. Hershiser, M. D.

Subscription, \$2.00 Per Year.

Single Copies, 25 Cents

ORIGINAL ARTICLES, CRISP EDITORIALS.

CLINICAL REPORTS,
SOCIETY REPORTS.

CORRESPONDENCE.

NEWS ITEMS.

Invited from the Western States of Utah, Wyoming, New Mexico, Kansas, Nebraska, Arizona, but particularly from Colorado.
All matter intended for publication in the next issue should reach the editor by the first of each month. Each contributor of an article will receive ten copies of the Journal containing his article, upon appli-

A reasonable number of illustrations will be furnished by the Journal free of charge if suitable drawings or photographs are supplied by the authors.

Address all communications to

THE COLORADO MEDICAL JOURNAL, 133 W. Colfax Ave., Denver, Colo.

Vol. VIII.

DENVER, COLORADO, JUNE, 1902.

No. 6

EDITORIALS.

INCORRECT MORTALITY STATISTICS.

We notice that the Denver Bureau of Health is still issuing comparative mortality statistics which, to say the least, are very far from being correct. From 1892 to 1900 inclusive they are based on an estimated population as follows:

1892, 120,000; 1893, 125,000; 1894, 140,000 (increased by annexation); 1895, 145,000; 1896, 150,000; 1897, 160,000 (increased by annexation); 1898, 167,000; 1899, 167,000; 1900, 170,000. The national census in 1901 gave Denver a population of 136,000. It will be noted that in 1894 the estimated population of the city was great-

er than the census population in 1901. It is to be presumed that the estimated population from 1892 to 1900 inclusive is absolutely incorrect, and if the health department desires to issue these comparative mortality statistics it should at any rate revise its figures upon which its estimates are based for those years. It will also be noted that the estimated population for 1808 and 1800 are given identically the same. Of course it is possible that the city did not grow any in those two years, but taking the vast estimated increase of population during the years mentioned into account, that is scarcely probable.

We note also that the health department has again begun using an extravagantly increased estimate of population, for it gives the population for 1902 as 150,000, an increase of 14,000, or more than 10 per cent, of the entire population according to the national census of the year before. It is quite possible that the national census did not reach every individual living in the city of Denver, but such an estimate is fallacious to say the least. When we remember that the entire increase in population during the ten years from 1801 to 1901, according to the national census, was only 12,126, a jump of 14.000 in two years is certainly preposterous. Of course we remember that the panic came during the year 1893, but apparently that cut no figure in the health department's opinion of the rapid growth of the Oueen City of the West.

It is rather difficult to understand why the employment of these false statistics should be persisted in by an official body. Of course to scale down the population for each year in accordance with the census statistics would very considerably raise the city's death rate per thousand per annum, and in that may be found the motive. False statistics, however, are worse than no statistics at all, and it is to be hoped that the Denver Bureau of Health will at least be honest in the future.

At last the union of the two medical colleges of Denver, the Gross Medical College, and the Denver College of Medicine, has been effected. The objections which led to the rejection of the plans originally proposed and which caused the union to fail of accomplishment, as mentioned in our last number, have been successfully removed. This is a consummation long wished for by a large portion of the profession.

It is to be presumed that this union will result in an increase in the prosperity of the combined institutions as well as a maintenance of a standard which was impossible for the two to uphold, however much they desired, as long as their forces were divided.

A negress of Owensboro, Ky., some fifteen years ago began the "starch" habit; that is, she began by eating a little of common starch daily, and gradually increasing the amount, finally consuming about two pounds daily. As a result she died recently at the age of twenty-five years. She begged for starch with her last breath. The heart seems to be the chief organic sufferer from the starch habit, being gradually weakened in force until death results.

PROGRESS OF MEDICINE.

Digestive Tract.

Conducted by C. D. Spivak, M. D.

· DIETETICS.

In reviewing the contribution to the literature on the subject of dietetics one cannot but notice the scant place it occupies. During the first five months of the current year not more than a dozen articles have appeared in our best medical periodicals, and of that number a goodly portion is devoted to the feeding of babies. The preservation of the species, it is evident, is uppermost in the minds of medical writers. Here and there, now and then a voice is heard pleading in behalf of rational feeding for the adult sick.

TEACHING DIETETICS.

R. O. Beard (Journal American Medical Association, February 1, 1902) appeals to the medical colleges of the country to introduce in their curricula the teaching of practical dietetics. He outlines a course of study which has been pursued for some time in the Medical Department of the University of Minnesota. He is certainly right in saying that "the success of the sanatoria reflects upon our ignorance of practical dietetics."

REST FOR THE STOMACH.

That a good many cases of so-called "dyspepsia" are due to nervous exhaustion and require instead of stimu-

lants, sedatives, is very forcibly presented by Henry S. Drayton (Journal American Medical Association, January 4, 1902). Such cases, he justly asserts, are not benefited by strict dietaries. It is not a change of diet that is needed, but a rest for the poor, overworked stomach, and having rested that organ will resume its duties. Drayton justly condemns the use of prepared foods, and Winfield S. Hall (l. c.) in discussing Drayton's paper, used a happy simile in saying "the custom [of prescribing predigested foods] has the same deleterious effect upon the alimentary canal as that of putting an arm into a sling and expecting its muscles to develop."

DIET IN VALVULAR DISEASE.

Whenever Carl von Noorden has something to say about diet in disease, it is worth while listening to. With him the treatment of valvular disease of the heart does not begin and end with digitalis and strophanthus, etc.

He begins (American Medicine, May 24, 1902) with "rest" and ends with "diet," one supplementing the other. He lays down the principle that a patient with valvular disease must be prevented from becoming obese. Too much fat makes breathing difficult, the heart action becomes impaired, and in-

creased weight demands increased muscular work. He does not believe, however, in the "dietetic schedules drawn up by this or that 'celebrity,'" and he asserts that the anti-fat treatment of Oertel's regime has cost many a patient his life. His idea is that the quantity of food should never be reduced below two-thirds of the "maintenance" quantity. The restriction of liquids is desirable.

DIET IN OBESITY.

While mentioning the subject of obesity, it is a pleasure to note that Heinrich Stern (Journal American Medical Association, February 15. 1902) is of the opinion that a "rational treatment of obesity can only be instituted on the basis of increased bodily exertion and oxidation and not on that of underfeeding." We cannot, however, explain to ourselves the rationale of his thyroid therapy in obesity, based on the fact that when thyroid is given with arsenic no deleterious effects were noticed. Such an argument is, to say the least, very lame.

STARVE!

At the meeting of the American Medical Association in Denver, the writer read a paper "Rest a Neglected Factor in the Treatment of Gastro-Intestinal Disorder," and opened the discussion before the Section on Diseases of Children on the subject of Diet. My friends dubbed the writer a crank because in both instances he advocated "starvation" in certain gastro-intestinal disorders, especially when diarrhæa and vomiting were promi-

nent. It is therefore a pleasure to note the change in the attitude of many writers. J. P. Crozier Griffith, who by the way was chairman of the Section of Diseases of Children, in his Dietetic Aphorisms for Infant Life (American Medicine, May 3, 1902) includes "starve" as one of them; starve in onset of febrile diseases, starve in pneumonia, starve in vomiting and diarrhœa. even goes so far as to advocate starvation in anticipation of disease, for instance, during the intense heat of summer days the quantity of feeding should be reduced or suspended. To all of which we say, amen, and we wish to add that the above aphorisms may be applied to grown-up babies.

LIVING ON BREAD.

The name of Haig at once brings up the uric acid ghost. Whether the thousand and one ailments ascribed to uric acid diathesis are a reality or a dream we do not undertake to decide. Haig deserves, however, all praise for having contributed to the sum total of our knowledge of dietetics. He advocates (Journal American Medical Association, January 4, 1902) living on bread and breadstuffs, including bread, biscuit, rice, macaroni, oatmeal and po-He allows a little fruit, and butter and oil ad lib. Now, this is all right. But I have seen patients get well on a strictly meat diet. I have seen patients convulsed with pain after taking a piece of bread. Haig says in the same article, "I know there is but one rule: Eat when you are hungry and drink when you are thirsty." Why not add the third common sense injunction:

Eat what you like best. We must, in matters dietetic, in addition to caloric computations, also take advantage of our patients' habits, observations and experiments. We must credit our patients with knowing at least a few of the articles that agree and disagree with their stomachs and allow them to guide us in prescribing a diet.

OLIVES AS A FOOD.

For years we were wondering why we were unable to procure the ripe, dark olives in this country. The olives as sold in the delicatessen stores in dainty little jars are worse than green crabapples in point of nutrition or digestibility. We notice with pleasure in the *Dietetic and Hygienic Gazette* (April, 1902) that the ripe olive has made its appearance on the American markets, and that they are appreciated. We should like, however, to see the ripe olives not pickled in strong brine, as they are at present, but dried in the same way as prunes and plums. They are delicious and wholesome. We have eaten them in Europe, and why not here?

Laryngology and Rhinology.

Conducted by W. K. Robinson, M. D.

VOICE CHANGES.

This question is only partially covered by many volumes of medical literature, and it would be impossible to dwell upon all the causes in such a short space as the limits of this article provide. The author will endeavor to mention the most important and give a few symptoms which can be detected by any one who can use their powers of observation to advantage.

Any obstruction in the nose or throat will have a tendency to lessen the dimensions of the normal air channels, interfering with the quantity of air to and from the lungs. The most frequent causes of obstruction are small lymphatic growths found in the upper and back parts of the throat. These small tumors are found there by the dozen and can readily be felt by intro-

ducing the index finger into the nasopharyngeal vault.

As a result of interference of normal breathing, a chronic thickening of the membrane is set up.

Any changed condition of the voice should arouse suspicion as the nasal expression is not distinct and the voice seems muffled. In order that the voice should have its full resonance, the vault of the pharynx should be clear, as any obstruction seriously interferes with sound waves. To have a perfect sound there should be a clear field from the vocal chords to the roof of the nose. The smallest irregularity in the pharyngeal vaults will to an extent produce a smothered tone.

It is quite interesting to note the changes in a singing voice when these growths appear. The larynx, when

called upon for an ordinary voice, responds readily and will supply apparently a clear healthy tone for conversation for years even when there may exist very distinct changes, but a continued forced effort of the voice will soon produce a marked weakness. We find this in public speakers. When we consider the voice that is used constantly for singing we find that the power and capabilities of the larynx are taxed to the very highest degree and require a healthy condition of the upper air passages. The importance of this should never be forgotten and close attention should be given a throat if any abnormal condition is found, as it might have a permanent and injurious effect on the voice. The waves of sound are set in motion by the vibrations of the vocal chords. The pitch of the tone is regulated by the tension of the chords, and here, in the main, the function of the larynx ceases unless we add strength or force to the voice.

The qualities of the voice which we call character and resonance are given it by the pharyngeal cavities. Hence the great importance of having them clear

from any obstructing morbid condition or change in the walls or lining. The manner in which the singing voice soon breaks down under the action of a growth in the pharynx is easily explained. As soon as a note in the upper region of the throat is attempted, the singer is conscious of something wanting. The tone is muffled from the fact that the vocal waves striking upon the mass are deadened. The sounding board effect of the pharynx has been destroyed. To overcome this abnormal condition, the singer increases the power of the voice, the larynx is taxed beyond its strength, and ruptured muscular fibers and a chronic inflammation is the result.

The nasal passages are the first to become the seat of catarrhal disease, and the tendency is very marked for this to extend downward, making chronic sore throat only a secondary condition resulting from diseased parts above. Too much importance to this condition cannot be impressed upon people. Early attention can frequently prevent a distressing malady in later years.

Gynecology and Obstetrics.

Conducted by Clarence L. Wheaton, M. D.

THE MEDICAL SIDE OF GYNECOLOGY.

Dr. Edward Jenks of Detroit, at the annual meeting of the American Gynecological Society, said that there was a medical side to gynecology which could not be ignored, for a special training, together with a thorough knowl-

edge of general medicine, were prerequisites for making an ideal gynecologist. Fully one-half of the women seeking advice and relief from disorders peculiar to their sex were suffering from some deranged condition of the eliminative organs, as shown by constipation

or defective elimination of solids in the urine. Even where there were lesions in the pelvic organs no relief from distressing symptoms could be secured until the underlying constitutional causes of pain and general poor health were first ascertained and removed. were many derangements of the system which closely resembled diseases of the pelvic organs. Pain in the back, the commonest complaint of women, might be due to coccygodynia, myalgia, chronic malarial toxemia or other constitutional causes. Pain in the abdomen, sometimes attributed to the ovaries, might be due to habitual constipation or to an atonic condition of the large intestine.

He was convinced that some of the medical schools were responsible for the neglect of medical gynecology. Surgical differential diagnosis and the treatment of diseases of women amenable to medicinal remedies could not receive adequate attention in the brief time devoted to them if one judged by the results. The glamor of gynecologic surgery had obscured the commonplace but equally important study of gynecologic medicine. He entered a protest against so many calling themselves gynecologists who ploughed only in one furrow of the field of gynecology, while the field itself was only a part of the great domain of medicine and surgery.

CATHETER ENTERING THE WALL OF THE UTERUS.

Dr. Kraus (Buffalo Medical Journal) reported the following case: The patient attempted to cause her-

self to abort at the second month of pregnancy, after which she was troubled with bleeding for nearly three months and miscarried at the fifth month. Everything went well for about seven weeks when she called in the doctor on account of severe vomiting. Since her miscarriage she had been troubled with constipation. For a few days she was greatly relieved. Vomiting ceased for twenty-four hours, then it became more persistent and tympanites appeared. A diagnosis of obstruction of the bowels The patient was operated was made. upon and adhesions between the omentum and uterus were found where the catheter had penetrated the intestine wall. At last the patient confessed to having produced an abortion. After the operation the patient made an uneventful recovery.

CAUSES OF SUDDEN DEATH FOLLOWING CHILDBIRTH.

Dr. B. G. Ferguson, in the Massachusetts Medical Journal, says that sudden death during or soon after childbirth is one of the most appalling incidents in the routine of professional The first case was a woman with her fifth child. She had some cough, without expectoration, accompanied with paroxysms of difficult breathing aggravated by turning on her left side. She complained of headache, thirst and loose bowels. Pulse was quick, hard and full, but the temperature was normal and the urine negative.

The symptoms of dyspnæa increased as the pains became more frequent. The child was born before the doctor arrived. The cord had not been severed and the placenta was in position. No bleeding took place. Her countenance was livid and she gasped for breath and died about five minutes after the doctor arrived.

Autopsy was negative, but the doctor believes there was an embolus of the pulmonary artery.

The second case was one of ruptured uterus, the child receding into the peritoneal cavity. The mother survived

thirteen hours. In those days the abdomen was not opened with safety.

Another cause of death was hemorrhage. The doctor cites a case in which it occurred fully two hours after delivery of the placenta.

Another cause of death after confinement was the rupture of a blood vessel in the brain as a result of severe uterine contraction.

Respiratory and Circulatory Organs.

Conducted by A. S. Taussig, M. D.

PULMONARY EMBOLISM AFTER OPERA-TION UPON THE BLADDER AND PROSTATE.

Keyes, in the *New York Medical Journal* for April 5, 1902, mentions three types.

- 1. Sudden syncope, in which the patient dies without a struggle. Keyes believes this is more often a cardiac embolism.
- 2. The suffocative form which soon ends in death.
 - 3. Cases which recover.

The most frequent form is that in which sudden extreme precordial distress, suffocation and death follow within a few minutes.

When occlusion is not complete the symptoms may be prolonged for several days. In great contrast to the marked dyspnæa is the almost uniform absence of physical signs which should at least lead to a suspicion of pulmonary embolism.

THE INFLUENCE OF SUPRA-RENALS IN PNEUMONIA.

E. M. Gray, M. D., reports six cases in the *Medical Record* for April 5. From his experience, he feels that the remedy is of great value in impending heart failure. In but few cases was increase of blood pressure in the periphery noted.

CONTRIBUTION TO THE CASUISTRY OF DIPPLOCOCCIC INFECTION.

Pagani (La Riforma Medica translated in the Philadelphia Medical Journal. March 22, 1902), reports a case where the patient, who had been nursing a brother suffering from a croupous pneumonia, was taken ill with sore throat accompanied by the usual symptoms. Both tonsils were affected, but there was no exudate. A thorough examination revealed the presence of diplococci of Fraenkel in the throat, but no infection elsewhere. The patient was

attacked by a lobar pneumonia followed later by empyema.

The diplococci were found in the blood and pleural exudate. The ease with which diplococci are found in the blood and the importance when found justifies more frequent resort to blood examination in these cases.

THE OUTLINE OF THE HEART BY PER-CUSSION AND RADIOGRAPHY. A COMPARISON OF THE TWO METHODS.

Potaine, in La Semaine Medicale for December 18, 1901, laid stress upon the following points:

- 1. Precordial prominence.
- 2. Cardiac impulse, intensity and extent.
 - 3. Displacement of apex.
 - 4. Percussion outline.

He believes in the use of the X-rays, but thinks that by observing the points mentioned above much may be learned which the X-rays alone would not reveal. He cautions against percussing from the heart to the periphery as he thinks that in percussion from the periphery to the heart the results are more accurate.

ETIOLOGY OF PNEUMOTHORAX IN CHILDHOOD.

Zuppinger reports in the Wiener klinische Wochenschrift, No. 1 (translated in the Philadelphia Medical Journal for April 19, 1902), a case of total right sided pneumothorax in a child 2½ years of age, which occurred suddenly during sleep. The autopsy revealed that a grain of wheat had perforated the bronchus. An abscess had developed at the site of the perforation

and pyopneumothorax followed. Death resulted in thirty-six hours.

HYPERTROPHY AND DILATATION OF THE HEART.

Thomas Clifford Allbutt, in the *Practitioner* for January, 1902, states that he is becoming convinced that "as no elevation of blood pressure conceivable as the result of bodily effort can injure a healthy artery in a man under 40 or even approach the limits of its possibility, so the factor of safety in the muscle of the heart is probably far greater than any intra-ventricular pressure due to bodily effort can surpass."

No reliable method has yet been discovered to measure blood pressure continuously during exertion. He says that a good circulation is where the greatest blood movement requires the least change in pressure. Heart hypertrophy from physical exercise only he has not seen. He advises against the free use of liquids during the hardest working hours of the heart, and claims that if a man does drink much of fluids the time to do so is after his evening meal when the heart is, comparatively speaking, at rest. Allbutt disagrees with the view of the French school, which holds that arterio-sclerosis with a big heart is a cardio-vascular disease, believing that enlargement of the heart is merely compensatory.

THE TREATMENT OF CARDIAC DILATATION AND ASTHENIA.

I. Burney Yeo, in *The Practitioner* for January, 1902, believes that absolute rest is the best remedy for cardiac dilatation and says resisted exercises

are little less than trifling.

Cardiac tonics he thinks are indispensible in cases of asthenia following acute diseases or anemia. His favorite prescription is a combination of Ferri et ammonii citratis, Tr. digitalis, Spti. ammonii aromatici and Infus. calumbæ. In acute cases of dilatation he administers hypodermics of strychnine sulphate, grains 1/20.

CARDIAC DILATATION AND HYPER-TROPHY.

Richard Cateon, in The Practitioner for January, 1902, speaks of the infrequency with which other muscles are affected and believes that the implication of the heart muscle is due to inability to give it functional rest. He insists upon absolute rest if there are any indications of endocarditis during rheumatism. In the treatment of dilatation he recommends digitalis or a combination of strophanthus and caffeine. ascites is present the occasional administration of a cholagogue and withdrawal of the fluid, diminution of the blood volume by restriction of fluids and the use of diaphoretics and diuretics, reduction of carbohydrates and fats in relation to proteids, graduated exercises, massage and baths are all recommended.

THE ASSOCIATION OF PULMONARY TU-BERCULOSIS WITH BOTH PRIMARY AND SECONDARY ENDOCARDITIS AND THE EFFECT OF VALVULAR DISEASES UPON LUNG TUBERCULOSIS.

James M. Anders, in the American Journal of the Medical Sciences for January, 1902, divides his very excel-

lent paper into three parts, treating in them:

- 1. Those cases due to the presence of tubercle bacilli within the heart—endocarditis tuberculosa.
- 2. Those that are secondary to tuberculosis or merely intercurrent, and caused by various organisms other than the tubercle bacillus.
- 3. Various forms of valvular heart disease that precede the tuberculous infection of the lung and are due to rheumatism and other etiological agencies.

Like the intima of the blood vessels the endocardium is markedly resistent to tubercular infection. Bollinger gives cardiac tuberculosis fourteenth place among the viscera and the myocardium and pericardium are more frequently affected than the endocardium.

Teissier collected forty-two cases of so-called tuberculous endocarditis. Only fourteen of these had been examined bacteriologically. Some authorities contend that the finding of tubercle bacilli in the granulations on the valves does not prove that the granulations were caused by the bacilli.

In the second division the writer mentions that the frequency of rheumatism, gout and phthisis between 20 and 30, the years during which phthisis is most apt to attack the individual, should always be borne in mind.

Anders, after giving a thorough study of the subject, concludes in the third division that left sided valvular disease lessens the liability of the patient to get phthisis, but if phthisis does develop, the case runs an ordinary course as long as compensation is maintained. In these cases, however, dyspnæa and hæmoptysis may be more marked. Subjects with pulmonary stenosis are more apt to contract phthisis.

Ophthalmology and Otology.

Conducted by Melville Black, M. D.

CENTRAL AMBLYOPIA IN OCULAR AF-FECTIONS WITH GLAUCOMA.

Dr. Walter L. Pyle has an article in American Medicine, April 19, 1902, on Central Amblyopia in Ocular Affections with Glycosuria. His summarizing is as follows:

- "I. Diabetes mellitus or other disturbance of the carbohydrate metabolism may affect any portion of the visual apparatus.
- "2. The ocular changes may be produced by chemic or physical means, or indirectly through associate general debility.
- "3. The ocular affections may vary in intensity from a slight failure of accommodation to a formidable hemorrhagic retinitis and total atrophy of the optic nerve. Minor visual disturbances are often made worse by fatigue or increased cardiac action, and may improve after prolonged rest or decrease of vascular tension.
- "4. The intraocular disturbances may be exclusively unilateral, and there is never seen ophthalmoscopically inflammation of the optic nerve—important differences from the changes in albuminuria, syphilis and other blood discrasias.
- "5. It is not uncommon to find albuminuria coexistent with glycosuria, and the retinal changes may present a

mixed picture or a typical albuminuric retinitis may be present in a patient as in diabetes.

- "6. Central amblyopia may exist in glycosuria entirely independent of the toxic influences of alcohol and tobacco, or, in patients addicted to the habitual use of these substances, this may be the prominent factor in causation. In these cases the initial lesion may be in the ganglion cells of the retina; the inflammation of the papillomacular fibers of the temporal fibers of the optic nerve being secondary to the retinal changes.
- "7. In chronic cases of glycosuria, with the exception of cataract, the ocular symptoms are often present when the constitutional and urinary symptoms are not marked.
- "8. The ocular symptoms may be the first to lead the patient to seek medical advice, therefore glycosuria should be suspected in the following conditions:
 - (a) Premature presbyopia.
 - (b) Unexplained mydriasis or cycloplegia.
 - (c) Sudden change in the refraction, particularly marked development or increase of myopia past middle age, without cataractal changes.
 - (d) Intractable iritis.

- (e) Cataract in young or middle aged persons. An examination of the urine is advisable even in cases of senile cataract, as the etiology has a bearing on prognosis of operation.
- (f) Retinitis, particularly of the hemorrhagic variety.
- (g) Unexplained optic nerve atrophy.
- (h) Sudden and marked amblyopia, particularly central, without visible fundus changes.

The prognostic significance of the ocular disturbances is not definitely established, on account of the great difference in pathogenesis, severity and ultimate issue of the numerous forms of glycosuria. Even in well marked cases not only many formidable eye lesions improve, but the patient's general health may be restored. Again, the ocular symptoms may remain stationary and the general health improve, or a case of diabetes mellitus may proceed rapidly to a fatal termination without showing marked ocular disturbances. Hemorrhagic retinitis and amaurosis preliminary to coma are the most serious symptoms. The ophthalmoscopic observation of greatest value in prognosis is the state of the retinal vessels, as this may be taken as an index of the patient's general vascular condition."

The above paper certainly is a most valuable one, and goes to show the importance of a thorough examination of the urine in all our obscure ocular conditions. How often it is that the ocu-

list is the first to recognize through an examination of the eyes the existence of a grave constitutional disturbance.

JAVAL'S GLAUCOMA.

We have just read a review of the noted case of Dr. Emil Javal of Paris, who lost both eyes from glaucoma. The case was reported by Javal himself and appeared later in the *Pester Medicin*. *Chirurg. Presse*, January 12, 1902, by Dr. J. V. Siklosy.

Dr. Javal was affected with acute rheumatism at the age of 39. For twenty years he suffered from tinnitus aurium; later he became partially deaf.

In the year 1881 he first noticed prodromal symptoms of glaucoma, dilatation of the pupil and increase of tension. In spite of the use of eserine his vision gradually diminished. There was no pain and no signs of irritation. In 1885 an excavation of the optic disc was diagnosticated, and after a glaucomatous attack sclerotomy was performed on November 11. After the removal of the dressings on the fifth day the vision was found to have diminished. Entopic symptoms of light in the morning. November 30 cocain was used in addition to eserine. After that the pupil became greatly dilated and a very severe attack of glaucoma followed. Three days later vision had decreased to one-half. On December 3, 1885, another sclerotomy was performed. On December 11, 1885, an iridectomy upward. The eyeball re mained hard even after this operation The iris was pushed against the cornea The pain was considerably increased whereas before the operation there was scarcely any pain. One month after the

take a walk. After that a new, very severe attack followed. The tension increased greatly. Sodium salicylate and morphine were administered. In a few weeks the remaining power of vision was lost; there remained only a slight perception of light. Ten weeks after the iridectomy another posterior sclerotomy was performed. Two weeks after that synechia was noticed and atropine used. In the course of time the cornea became hazy and there appeared deposits upon the lens; a detachment of the retina and floating opacities of the vitreous were also discovered. Tension + 1. March 16, 1890, the eye was enucle-The microscopical examination showed a total detachment of the retina. the papilla evacuated. The retina was full of hemorrhages, the iris atrophied and leaning against the cornea.

Subsequently the left eye also became affected and the patient saw colored rings for the first time in August, 1895. This phenomenon repeated itself every week. In 1897 instillation of pilocarpine was used daily. On February 10 there was noticed a paleness and evacuation of the papilla. The pupil was fairly dilated, vision almost normal, with a normal visual field. At the latter part of the year 1889 the field of vision became limited downward. On February 7, 1900, iridectomy and punctio scleræ were performed. The anterior chamber was restored after five days. The power of vision, however, diminished daily. The tension increased. Pilocarpine was used. February 20 punctio scleræ, transversal 4 mm. below the limbus. On March 23 the

operation the patient was allowed to vision was down to 1/10. On April take a walk. After that a new, very severe attack followed. The tension increased greatly. Sodium salicylate and morphine were administered. In a few weeks the remaining power of vision was one loss of sensibility of the lobe of the ear and the lower maximum of light. Ten weeks after the iridectomy another posterior sclerotomy was

Javal states that his eyes showed a high degree of astigmatism against the rule, and he thinks that an increase in the astigmatism may have been the cause of the onset of the glaucoma.

This very pathetic case in one of Javal's eminence must have called forth the best talent of Europe in his behalf, fact that, despite it all the heroic fight for his visand his is blind to-day, all goes ion, he how incompetent we are to deal with some of nature's disturbances. Operative work upon his eyes seems to have dated in each eye the beginning of a rapid decline of vision. Personally I cannot but feel that I should prefer an extirpation of the superior sympathetic ganglia first, and as a last resort operations upon the eye.

Javal's ability to devote himself to his chosen work regardless of his ocular disease is illustrated by the fact that he perfected his ophthalmometer in 1889. It is to be remembered that his first sclerotomy was performed in 1885, and from that time on his active troubles began. If Javal had given us nothing but his ophthalmometer it would have been enough, but he has given us much more. He is an authority upon physiological optics, and his work in that field has not ceased. He is a conspicuous

figure to-day in ophthalmological circles, and takes a prominent part in their discussions. I venture to say that

he to-day sees more than some of us who have two eyes.

Neurology and Alienism.

Conducted by B. Octtinger, M. D.

DR. R. V. KRAFFT-EBING.

Recently the cable announced the death of the Vienna alienist, Dr. R. V. Krafft-Ebing. A worthy successor of Meynert, his forte was along a somewhat different line of work. Ebing paid little attention to specific localization of brain function. His lectures and writings prove him to have been, first of all, a clinician. Where he departed from objective symptoms to demonstrate sane or abnormal cerebration he sought the aid of abstract psychology. His clinical experience was vast and the observations which grew out of it were classified in detail. Hence his text book teems with more than ordinarily elaborate differential diagnoses.

When lecturing in the ampitheater Krafft-Ebing spoke without notes. His lectures were always delivered while seated and were apparently completely memorized. It was his habit to glance straight ahead at these times and only occasionally at his hearers. Each subject was reviewed as systematically and thoroughly as are those of his written works and, therefore, whether discussed in one or during several consecutive lectures, a topic finished was, without fail, exhausted.

Like many other German professors,

Krafft-Ebing considered no effort too great to give to his students every possible benefit that his clinic afforded. The writer recalls that he had sitting in the pit with him during every lecture for a number of weeks a hysterical girl who indulged in from twelve to forty seizures per day. The patient seemed much interested in all that occurred in the lecture room, but she added nothing of note there. During all these hours she remained perfectly quiet. she was left in the adjoining ward during the lecture, upon which it was not long until, screaming and foaming at the mouth, she was carried into the ampitheater in clonic spasms upon the shoulder of a stalwart porter. A second porter followed with a matress. particular paroxysm was finished in full view of all the students.

Krafft-Ebing was a tall, heavy, broad shouldered man. Compared to bulk of body, his face and head were small, but the latter was well shaped and the features were clean cut. Although a baron and medical court counsellor his lectures often betrayed sympathy for the masses and the failings of humanity. From personal experience, however, the writer learned his appreciation of the dignity that doth hedge an imperial-royal professor. At the beginning of

the third semester's attendance of the alienist's lectures, already subscribed for, a change of plans took me from Vienna. Upon applying to the curator of the university for a return of the subscription money, I learned that permission from the professor to withdraw need first be obtained. I waited on Krafft-Ebing as he came from the insane ward, flanked on either side by an assistant, explained the situation and the request was granted. But it was not difficult to deduct from a remark to one of his assistants, as he signed the endorsement, wherein he characterized the proceedings as "entirely businesslike" (ganz geschaeftsmaessig), that what seemed to me a most ordinary and reasonable regest was deemed tradesmanlike and unprofessional.

All who have had to do with maniacal patients know that they are no respecters of person and that those who are about them, including their physicians, become the frequent victims of their perverted wit or generally untimely remarks. An incident is recalled in this connection which illustrates Krafft-Ebing's self control under trving conditions. In the course of one of his lectures, a young woman suffering from post-typhoidal acute mania, was admitted to the lecture-room from the ward. Too excited to remain quiet she stalked up and down the pit, relating delusional experiences. Belonging the laboring class, reference to conversational talks among her companions by the formal "you" instead of the familiar "thou" well typified the manical exaltation. After a time she asked for a glass of water. This was handed her with an assumed gallantry by the professor himself, a proceeding which coincided with the patient's superior manner and was well calculated to further draw her out. The latter drank nearly all of the water and then playfully tossed the remainder into the faces of several students on the first row of benches. Directly something was said of a ball and Krafft-Ebing, still assuming a gallant role, in some way referred to himself as a possible escort. The patient in hospital garb stopped short and drew herself up. Then pointing to the professor, she exclaimed with a good deal of hauteur, "Do you think I would go with an old one like you? Oh no, if I go to the ball I shall pick myself one from these," the last while designating the students with an easy wave of the hand. For a few moments after this sally and the roar that came from the benches, Krafft-Ebing's face was a study.

CERVICAL AND BULBAR TABES.

An interesting discussion upon cervical and bulbar tabes took place on the occasion of the twenty-seventh annual meeting of the American Neurological Association and is reported in *The Journal of Mental and Nervous Discusses* for March.

In a case with necropsy seen by Drs. W. G. Spiller and S. Solis Cohen, and detailed by the former, the most important symptoms were nocturnal incontinence of urine beginning in 1872: drooping of right upperlid which could be overcome voluntarily; variation in size of the pupils from time to time; paresis of the facial muscles; difficulty

of mastication and deglutition; atrophy of the tongue; disturbance of sensation especially for temperature and pain; sharp pains in the abdominal region and lower limbs; grayness of the optic nerve and loss of reaction of the irides to light and accommodation. Ataxia was not present. The knee jerks were preserved. The posterior roots in the lower cervical and upper thoracic region and portions of several cranial nerves were degenerated.

Dr. C. K. Mills called attention to the fact that, in well developed cases of tabes of the ordinary type, bulbar symptoms occasionally were exhibited at a comparatively late period of the disease. He had also seen cases wherein lesions, tabetic both in character and position, were present in the bulb or bulbo-cervical cord only. In reference to his most recent case of cervical tabes seen in May, 1901, Dr. Mills reported as follows: A married man, forty-four years of age, had occasional feeling of soreness in the abdomen. His sight began to fail three years before coming under observation. He became entirely blind in the left eye in 1900. The left pupil dilated two-thirds, the right one one-The right pupil responded to light and the left to accommodation but not to light. Both nerve heads were markedly hyperaemic. There was ptosis the righ lid. Later, vision in the right eye was normal and with the left, fingers could be counted at one foot. When examined in 1000, it was found that neither eye could be moved freely into the external canthus and that the eyes, in movement from right to left, sometimes failed to act consentaneously. Iris reflex was almost lost on the right side. The left pupil was dilated and irresponsive and the left eye totally blind. His voice was hoarse at times. When swallowing, he choked and would have to cough. There had been cutting pains in the arms and There was retardation of pain and temperature sense about the shoulder girdle, left chest and left abdominal region. He complained of bandlike feelings of discomfort about the left half of the trunk at the height of the lumbar vertebrae. The Babinski reflex was absent. The knee jerks were normal, the biceps jerks well preserved, triceps jerks almost absent in each side. Station and gait were good. were no pains below the waist. bladder was unaffected. The tongue was wasted but there were no fibrillary tremors. Patient could use hands and fingers without special awkwardness or difficulty and if any ataxia was present in his upper extremities, it was very slight.

In Dr. Jacobi's experience no case had come to autopsy but clinically cases of tabes beginning in the cervical region had not seemed very infrequent. He recalled two cases under observation for years that began with analgesia in the face. He was always suspicious that he was dealing with tabes where involvment of the trigeminus occurred without other symptoms. Another case which later developed into typical tabes, began with analgesia of the trigeminal area and beginning deafness.

Dr. Collins was also surprised that so few cases of cervical tabes were to be found in the literature. He was sure that in a recent study of 100 cases of tabes, he had records of 5 that were of the cervical type. Dr. Collins regarded as a noticeable and rare point in Dr. Spillers case, the fact that the toxine of syphilis (or the poison occuring with syphilis) had acted destructively upon two sets of fibres, motor and sensory.

Dr. Sailer called attention to a case in which, from symptoms exhibited, there was little doubt as to the diagnosis of cervical tabes but which, on account of regular recurring laryngeal crises every night, had led more than one physician to diagnosticate aneurism of the thoracic aorta. The patient would have intense dyspnoea and severe cough much like that produced by aneurism. He would remain sitting, supporting

himself for several hours in the early part of each night. The attack would then gradually subside.

Dr. Spiller in closing said, in reference to the frequency of cervical tabes, that it was not to be supposed that he had included all the *clinical* cases, which were often incorrectly diagnosed. Reports of cervical cases with necropsy are very rare. He did not believe involvment of the eighth nerve could be used to differentiate cervical from other forms of tabes, nor that larygneal crises were more frequent in the former type. The spinal root of the fifth nerve was not infrequently degenerated in ordinary forms of the disease under discussion.

SOCIETY REPORTS

The Denver and Arapahoe Medical Society.

(This report appears in no other medical journal.)

The second regular meeting of the Denver and Arapahoe Medical Society for April was held at the McPhee building on the 15th of the month. Dr. George B. Packard, the vice president of the society, occupied the chair.

Dr. G. L. A. Hamilton and Dr. W. L. Hess were elected to membership.

Dr. I. B. Perkins read a paper entitled "Complete Prolapse of the Uterus, Hysterectomy and Ventro-Suspension of the Cervical Stump, With Report of a Case.*"

Dr. Perkins thinks complete prolapse of the uterus ought now to be very rare

owing to general increase of knowledge and skill in gynecological work. most frequent exciting cause of complete prolapse is subinvolution of the uterus with a lacerated or over-disturbed pelvic floor, especially if the patient assumes very early the erect position after parturition. The uterus first becomes slightly prolapsed and retroverted, and then assumes in regular order the various forms and degrees of displacement until the cervix and later the whole uterus protrudes from the vulva. Anything that contracts the waist, such as the corset, and brings pressure on the abdomen from above acts as a partial cause. Impaired gen-

^{*}Published on page 255.

eral nutrition is also contributory by relaxing the pelvic floor.

Dr. Perkins would keep the patient in bed at least two weeks after delivery -even longer if there have been lacerations or if the labor has been unusually difficult. Lacerations should be thoroughly repaired at once; but this has not been done. Dr. Perkins recommends early plastic operation. thinks mechanical appliances, such as pessaries, are frequently the cause of much harm. The Alexander operation on the round ligaments or ventrofixation of the uterus are in order. The latter is preferable if the prolapse is great and if adhesions exist. Indeed, if the bladder and uterine appendages are brought down with complete prolapse of the uterus and relaxation and elongation of the ligaments, the choice of remedies lies between ventrofixation and hysterectomy.

If the patient is near or past the menopause, the operation in which the cervix is amputated and the uterus then ventrofixed is recommended. Hysterectomy, if done, should not in these cases be by the vaginal route, as the hernia will still exist, but by suprapubic incision. Then fold the peritoneum over the cervical stump and attach the same to the parietal peritoneum, using chromicised catgut.

Dr. Perkins reported a case in which he operated as just described, repaired the perineum and did a posterior colporraphy with excellent results.

The paper was discussed by Drs. H. G. Wetherill, E. Eckerson, Burns, H. E. Warren and Elder.

The following five-minute talks were made:

1. By Dr. H. G. Wetherill. Report of Case and Exhibition of Specimens.

The method described by Dr. Perkins for the cure of uterine and vaginal prolapse is a good one in cases in which hysterectomy is indicated for other reasons.

Some of you may recall that I reported a somewhat similar case about a year ago, the hysterectomy being done for uterine fibroid, the patient having a badly prolapsed bladder and vagina caused by serious lacerations in an instrumental delivery following symphysiotomy. The uterine stump was fixed to the abdominal wall rather high up, drawing the vaginal prolapse well up into the pelvis, where it has remained, the ultimate result being excellent.

In this connection I would like to say that after all it is the ultimate result that counts. Many plastic cases would not stand inspection one or more years after the operation.

I do not wholly agree with Dr. Perkins in his theory of the etiology of retroversion and prolapse of the uterus, nor in his belief that the obstetrical patient should always keep her bed and be upon her back for two weeks. In my judgment this position on the back in bed favors the retro-displacement of the subinvoluted uterus and so ultimately favors prolapse, for, as the fundus falls backward, the cervix drops and the intra-abdominal pressure on the top and front of the uterus, instead of on the back as in the erect position, favors further retro-displacement and

descent of the organ, and this is particularly true if the pelvic floor has not been left in good condition.

In many of my obstetric cases I aim to get the patient out of bed in a chair from the third to the sixth day, and I do so with the distinct belief that this plan favors rapid involution, a correct position, and better drainage of the uterus, and though I have done this for many years I have had no occasion to regret it or wish to change my practice.

Dr. Wetherill exhibited two specimens of uterine fibroid, which had been removed by complete hysterectomy, one by the vaginal and the other by the supra-pubic route. The tumors and uteri were of about the same size, and in reporting the cases and giving the histories the differential points indicating vaginal hysterectomy in one case and abdominal in the other, were explained, and the relative advantages and disadvantages of each method considered. In each case the vermiform appendix was removed.

In the vaginal hysterectomy the appendix was found following down the right tube and ovary as traction was made upon them previous to ligation of the vessels, and though the appendix was a short one (two and three-fourths inches), the coecum was so movable that it reached the vaginal outlet and the ligation and amputation of the appendix at its base was quite easy.

The patient operated upon by the supra-pubic route had been suffering from an active diffuse peritonitis for many weeks, having been under treatment for appendicitis and typhoid-

fever. She was fasted and fed by the rectum according to the method of Ocshner and after about three weeks was ready for operation, her pulse and temperature having come nearly to the normal point, and the vomiting, pain and distention having subsided. The uterus and fibroid masses were firmly bound down by dense old adhesions, the right tube and ovary were degenerated and cystic and the appendix was gangrenous, its tip hanging in a circumscribed abscess.

The small intestines were densely matted together and when separated were found to be damaged seriously in places, so a large pack of iodoform gauze was left in the pelvis and led out through the vagina, the abdominal wound being closed without drainage. In this case a vaginal hysterectomy was out of the question. In the first it was easy and clearly the operation of choice.

- 2. Dr. Sherman T. Brown reported results in the treatment of inoperable carcinoma with the X-ray.
- 3. Dr. C. E. Cooper reported a case of Hodgkins' disease, as follows:
- D. H., white, male, forty-eight years old, a cigarmaker, came from Philadelphia February 4, 1902, on account of supposed tuberculosis. There was no history of syphilis or malaria.

At the present time he complains of paroxysmal dyspnœa but has no cough, night sweats, hæmorrhages or loss of weight. His appetite is good and also his digestion, though at times he feels quite tired.

Examination: The patient is somewhat anæmic in appearance although

no actual loss of blood corpuscles can be determined. The respiration is abdominal in type. The apex beat is not visible. The carotids pulsate moderately. Lare lymphatic glands may be seen in the cervical, inguinal, axillary and popliteal regions. There are also two large glands, one at the angle of each scapula, as well as others scattered over the chest. The spleen is markedly enlarged.

There is slight hyper-resonance over both lungs, otherwise they are normal. The heart is normal.

The spleen is nine and one-half inches in length by five inches in breadth. The stomach is pushed to the right and slightly dilated. The liver is normal.

There is no œdema, nor syphilodermata or any signs of tertiary syphilis present.

Blood Examination: Red blood corpuscles, 5,760,000; white blood corpuscles, 6,000; hæmoglobin, 65 per cent; Cc., 57. No myelocytes nor any other abnormality were noticed in the examination of dried and stained preparations.

The Diagnosis is easily made. Lucæmia is excluded by the blood findings; tubercular adenitis by the age of the patient, the freely movable, separate and firm lymphatic enlargements, the general and bilateral involvement of the lymphatics and the absence of tubercular history or any signs of such disease in the patient. Syphilis may be excluded by the absence of history and of any signs of the secondary and tertiary stages and by the absence of the scar of an initial lesion upon the geni-

talia or mucous membrane of the oral cavity.

4. Dr. H. G. Harvey reported A Case of Thyroid Abscess, as follows:

The case I wish to report is interesting more from its rarity than on any other account. Early in March I was called to see a child eighteen months of age which for four days previously had a croupy cough and harsh respira-These conditions existed at the time I saw it and its pulse was 120. a temperature ranging from slightly above normal to 101.5°. Suspecting laryngeal diphtheria, I gave antitoxin but did not take a culture from the throat, as I expected to at once have the child sent to the Steele Hospital. On the following day I gave antitoxin. The systemic symptoms did not change nor did the croupy character of the cough. On the fourth day of my attendance, the eighth of illness, I noticed a slight fullness in the region of the thyroid gland in and to either side of the median line. Thinking that the croupy cough might be due to pressure. I called in consultation. The consultant was of the opinion that the condition was probably diphtheria and not due to pressure.

By the fourteenth day of the illness the temperature and pulse were normal and the laryngeal symptoms had disappeared, but the thyroid swelling remained unchanged, just enough to be noticeable.

After this I did not see the case for three weeks, when I found the thyroid enormously enlarged, so large that it looked like a goitre of large dimensions in an adult. Fully eight ounces of pus were evacuated and the parts soon regained their normal aspect. In the light of after events the case was probably not diphtheria, but simply one of inflammation and suppuration of the thyroid gland, and the laryngeal symptoms were due to pressure on the recurrent laryngeal nerve.

What was the cause of the inflammation I do not know. Abscess of a goitre is sometimes found. Abscess in a previously healthy thyroid gland is usually secondary to typhus fever, small-pox or some other systemic disease. The child has always been healthy before.

The chief danger from abscess of the thyroid gland is rupture into the larynx or trachea or mediastinum.

I wish also to report two cases of foreign bodies in the soft parts. The first was a piece of glass one inch and a half long and half an inch wide, which had been concealed in a man's scalp in the fronto-parietal region for about seven years. The man had fallen

through a window-pane seven years ago, cutting his scalp. The wound healed up, leaving the glass in situ and no inconvenience was suffered until shortly before I saw him, when the glass had cut through the scalp.

The second case was that of a girl who ten weeks ago, while scrubbing a floor, ran a hard wood splinter into the palm of the second phalanx of her right index finger. She thought she removed all of the splinter, but about ten days later called with her finger considerably swollen and flexion limited but no pain or tenderness. The swelling increased and flexion became more limited. At the end of ten weeks from the time of the accident the finger measured three and one-half inches in circumference, but was still without pain or tender-An incision at this time was made and considerable thin pus escaped and a splinter, very sharp at one end and blunt at the other and three-quarters of an inch long, was removed.

The Denver Clinical and Pathological Society

(This report appears in no other medical journal.)

A regular meeting of the Denver Clinical and Pathological Society was held April 11, 1902, Drs. Lyman, Mann, Tyler, Hershey, Gallaher and Black entertaining. Dr. Black, the president, presided.

The amendments (proposed at the last meeting) to Section 1, Article I of the By-Laws, striking out the word June and substituting May, thus changing the months of meetings from Oc-

tober to May inclusive, was adopted by a unanimous vote.

Dr. Van Zant exhibited specimens of cancer of pylorous and head of pancreas. The disease was of three months' duration. Discussed by Drs. Perkins, Freeman and Craig.

Dr. Bergtold exhibited a round worm (ascaris lumbricoides) passed by the mouth.

Dr. Kleiner reported a case of peritonsilitis in a male of twenty-one years

(no special history), accompanied at the outset by nausea and vomiting. The temperature remained at 103° for four days, at the end of which time the tonsil was incised. The improvement was progressive for three days, when severe headache set in, limited to the right frontal temporal region, with evidence of cerebral infection. Recovery. Discussed by the consultants in the case, Drs. Levy and Hopkins.

Dr. Pershing discussed the subject of syphilis as related to failing eyesight and vertigo.

Dr. McNaught reported a case of fractured jaw where a plate of rubber was applied on the teeth, the cement on the plate having been pressed into the fracture, with resulting non-union and suppuration.

Dr. Mann reported a case of ptomain poisoning in a woman whose right kidney had been removed and the left had been cleaned of ulcers thirty years before. More or less suppression of urine had followed the nephrectomy.

Dr. Wetherill discussed Ochsner's

method of treating apendicitis and reported a case of diffused peritonitis thus treated, with recovery following. Later an interval operation was done with removal of tubes, ovaries and appendix. Discussed by Drs. Craig, Perkins, Freeman and Hershey.

Dr. Levy reported a case of syphilis where the local and constitutional symptoms were unusually severe. Discussed by Dr. Black.

Dr. Taussig reported a case of empyema of long duration of embolic origin, which was operated with complete recovery.

Dr. Singer reported a case of puerperal eclampsia treated by hypodermoclysis and morphia.

Dr. Packard reported a case of endocarditis with sweats and expectoration starting after an attack of pneumonia one year ago.

The society then adjourned. Members present, 25; visitors, 3.

Respectfully submitted,

F. W. Kenney, M. D., Secretary.

NEWS ITEMS

The commencement exercises of the Gross Medical College were held on the evening of the 15th of May at Central Presbyterian church. The following was the program:

Overture, "Poet and Peasant," Suppe; invocation; sextet Lucia, Donizetti; address, Rev. Frost Craft; selection, "Florodora," Stuart; conferring of degrees by W. H. Buchtel, M. D., LL. D., president Board of Trustees, upon the following graduates: Everett Melville Brandt, Charles Levin Bruce, Winfred Owen Brown, Charles Albin Bunsden, David Cassady, Orville Martin Clay, Arthur Clifton Crookall, Ph. G., A. B., John Bramwell Davis, M. D., Wilhelm Adolph Feist, Alfred Freudenthal, Harry Ward Hazlett, Walter Elmer Judge, Harriette Frances Mac-

Manus, Frank Maxwell McCartney, Thomas Archibald McIntyre, Claude Miller, Ellen Marie Oviatt, M. D., Nicola Maria Sansone, Oscar Maurice Shere, Raye Joseph Shuman, Joseph Keener Swindt, Edwin Earl Whedon; trombone solo, "Evening Star," Wagner. Mr. Stratton; presentation of the code of ethics. Prof. Wm. I. Rothwell: intermezzo Salomba, Morse; awarding of prizes by Dr. Robert Levy of the faculty as follows: In highest general average, set of medical hand atlases to Dr. Sansone: second highest average. set of surgical instruments to Dr. Shere; third highest, surgical instruments to Dr. Bundsen; fourth highest, medical case to Dr. Swindt. Honorable mention was made of Dr. Davis and Dr. Shuman, whose averages were fifth and sixth respectively. Some remarkably close figuring was done in ascertaining the averages. Between first and second highest averages there was but the difference of 9-10 per cent., between second and third 2-10 per cent., between third and fourth 3-10 per cent., between fourth and fifth 5-10 per cent., and between fifth and sixth but 2 1-10 per cent. For the best examination in obstetrics, a \$50 prize by Dr. Buchtel, was awarded to Dr. Davis; for best examination in diseases of children, "American Text-Book of Pediatrics." to Dr. Shuman; best examination diseases of the nervous system, text-book on neurology, given by Prof. S. D. Hopkins to Dr. Sansone; best examination in dermatology, Crocker on "Diseases of the Skin," given by Prof. J. M. Blaine to Dr. Shere. Honorable mention was made of those gaining the

highest general average in the other classes: Freshmen, W. P. Carver; sophomore, Emanuel Friedman; junior, W. T. Drysdale. Overture, "America," Moses; music by Koenigsberg Bros.' orchestra.

After the graduation exercises a banquet was served at the Brown hotel, A. B. Seaman acting as toastmaster. One hundred and fifteen covers were laid for the faculty, graduates and guests. R. H. Gilmore responded to "The Trustees," Dr. Robert Levy to "The Faculty," Dr. Walter E. Judge to "Some of the Sensations Which Come to a Recent Graduate," Dr. William H, Sharpley to "Our Alumni Association," and James H. Pershing to "The Ladies."

Scientific methods of sanitation that were instituted in Cuba as soon as the American government took possession of the island have been attended with marvellously good results. The lesson that the world must learn from these immediate results is of inestimable value. The Philippines offer a similar field for testing the efficacy of intelligent sanitation. Cholera has been prevalent there this spring and the mortality has been between 75 and 80 per cent. The value of inoculation with "Kitosato's serum" is under test.

A prescription for the cure of small-pox in England in 1700 has recently come to light. It reads: Take thirty to forty live toads and burn them to cinders in a new pot; then crush them into a fine black powder. Dose for small-pox, three ounces."

At St. Catherine's Hospital, Brooklyn borough, New York City, a live frog was recently taken from the stomach of Mrs. Charles Burtis. The frog lived several hours after removal from the stomach, where it is supposed to have lived several years, having been ingested as an egg or a tadpole.

In 1900 the national government received official report of 713 fatal cases of stroke by lightning, of which 291 occurred in the open, 158 in houses, 57 under trees and 56 in barns. Considering the density of population, the upper Missouri valley and the middle Rocky Mountain region suffered most.

The Association of American Medical Colleges, which meets at Saratoga this month (June), will discuss the amount of French, German, Latin, mathematics, biology, physics and chemistry that should be demanded of applicants for admission to medical college. It is to be hoped that more than the alphabet of the various subjects will be recommended as desirable.

The anti-vaccinationists introduced a bill into the legislature of Massachusetts curtailing the power of health boards regarding compulsory vaccination. The bill was lost and a bill to increase said power is about to be passed.

BOOK REVIEWS.

Buell Hampton, By Willis George Emerson. Price \$1.50; Forbes & Co., Boston and Chicago.

This novel is by a prominent western author and will excite a considerable degree of interest. Mr. Hampton, now of Denver, has had a very varied experience, he has been a lawyer, a mine operator, has engaged in politics, has been a town builder, built the first smelter operated in Wyoming, etc.

The romance is located in Meade, Kansas, of which town the author was one of the founders and a resident. It presents in it much of fancy and considerable of the real, both so entertainingly woven together, that it is very difficult if not impossible to detect the lines of fusion.

The character from which the work itself was named we would scarcely regard as the real hero. He is said to have been "a flesh and blood personality, with whom the author spent many an enjoyable evening, and whom he learned to love for his wealth of wisdom and kindness of heart." He presented a strange and incongruous admixture of noble and abnormal thoughts and aspirations.

The love plots, for there are two, are closely intertwined with each other and present many situations of interest. The final solution proves to be a natural and pleasing one. There is much of the improbable in the book. The working out of the plot occasionally shows much of amateurishness, mingled with which,

however, are many descriptions that will appeal to all as really master pieces of word pictures.

PROGRESSIVE MEDICINE, VOL IV., 1901. A Quarterly Digest of Advances, Discoveries and Improvements in the Medical and Surgical Sciences. Edited by Hobart Amory Hare, M. D., Professor of Therapeutics and Materia Medica in the Jefferson Medical College of Philadelphia. Octavo, handsomely bound in cloth, 400 pages, 13 illustrations. Per annum, in four cloth-bound volumes, \$10.00. Lea Brothers & Co., Philadelphia and New York.

This volume, the review of which has been somewhat delayed, is perhaps the most interesting heretofore published, certainly the most interesting this year.

Dr. Max Einhorn gives a thorough presentation of the subject of the disease of the digestive tract and allied organs, the liver, pancreas, and peritoneum. Of special importance are his discussions of the subjects of appendicitis and the digestive conditions in tuberculosis.

The subject of genito-urinary diseases is ably treated by Dr. William T. Belfield. Here we may cite for special mention the subject of genital tuberculosis which he handles at some length.

The most interesting chapter in the whole work is that on anæsthetics, fractures, dislocations, amputations, surgery of the extremities and orthopedics by Joseph C. Bloodgood, M. D. A critical discussion of the whole question of anesthetics is presented. The change of views in regard to the selection of a

general anesthetic is described. comparative mortality immediate and post operative, as well as the etiology of complications due to anesthetics are taken up. The various forms of anesthetics are given discriminate treatment. Of special interest is the resume of the present knowledge concerning spinal anesthesia. This is followed by a careful consideration of the subject of operative technique, special attention being given to that portion relating to the infection disinfection and Diabetic gangrene and the wounds. examination of the blood in surgical cases likewise call for critical discussion.

The chapter on the diseases of the kidneys is interestingly presented by John Rose Bradford, M. D., F. R. C. P. That portion relating to Bright's disease in the young, will present much of interest to every practitioner as will also the portion on nephritis of pregnancy. Of special value, however, is the discussion on the subject of the varities of uræmia and the relation of cardiac hypertrophy and renal diseases.

Dr. Allen P. Brubaker in the chapter on physiology presents more briefly many of the interesting advances made in this subject.

The subject of hygiene is also briefly treated by Henry B. Baker, M. D., the special prominent articles being on the subjects of bovine and human tuberculosis and how yellow fever is spread. The volume concludes with a practical therapeutic referendum by E. Y. Thornton, M. D., in which is given much information concerning the newer remedies.

THE PRACTICAL MEDICAL SERIES OF YEAR BOOKS, comprising ten volumes on the Year's Progress in Medicine and Surgery, issued monthly under the general editorial charge of Gustavus P. Head, M. D., Professor of Larvngology and Rhinology, Chicago Post-Graduate Medical School, Volume IV., GYNECOLOGY, Edited by Emilius C. Dudley, A. M., M. D., professor of Gynecology, Northwestern University Medical School; Gynecologist to St. Luke's and Wesley Hospitals, Chicago, with the collaboration of William Healy, A. B., M. D. March, 1902. Price \$1.25; price of the series, \$7.50. The Year Book Publishers, 40 Dearborn Street, Chicago.

In discussing this volume it will not be out of place to quote two paragraphs from the introduction.

"The recent literature shows definite progress in the following subjects: I The application of scientific gynecology to sociologic problems. 2. The differentiation of pelvic infections with reference to etiology, symptomatology, diagnosis, prognosis and treatment. 3. The critical study of statistics especially as they relate to infection, neoplasms and displacements. 4. Careful balancing of the relative indications for gynecologic operations.

"The history of modern gynecology shows an earlier period of great activity in the development of numerous plastic operations on the vaginal side of the pelvic floor and a later period of tremendous development in the surgery of the peritoneal side of the pelvic floor. During the past two decades abdominal surgery has so engrossed the minds of gynecologists that plastic work has shown a tendency to become a lost art. It is perhaps not too much to say that our fathers did better plastic surgery than we are doing today, a fact which is to be deplored because of the vast importance of this branch of the subject. It is, however, gratifying to note a revival of interest in the repair of injuries to the cervix uteri, vaginal walls and perineum, and it is curious to observe that many of the operations perfected by the pioneer gynecologists of America are being rediscovered both at home and abroad."

This volume presents a methodical, systematic review of the contributions to gynecology made during the previous year. There are but few of the diseases of women in which some addition to our knowledge has not been made and these additions we will find portrayed concisely but with sufficient detail.

Careful examination of the work will show that it gives little opportunity to criticise. The special attention given to the indications for operative and other treatment will be of considerable value to the general practitioner, for whom this series of volumes is specially intended. The numerous illustrations add very greatly to the value of the work.

ECZEMA. With an analysis of eight thousand cases of the disease. By L. Duncan Bulkley, A. M., M. D., Physician for the New York Skin and Cancer Hospital; Dermatologist to

the Randall's Island Hospital; Consulting Physician to the New York Hospital, Hospital for Ruptured and Crippled, and the Manhattan Eye and Ear Hospital, etc. Third edition of "Eczema and Its Management." Entirely rewritten. Price \$1.25, net. G. P. Putnam's Sons, 27 and 29 West 23d street, New York.

This is a work the scope of which the series name, "The Student's Manual Series," should not cause to be misconceived. It is a work that will be profitable for any physician in general practice to not only read but study. It represents genuine work and is not merely a rehash of the literature already in existence. As the author in the preface states, the book is to a large extent a personal one and is therefore, all the more readable and worthy of reading.

The author is one who believes thoroughly that eczema is rather a constitutional disease than a strictly local one, and backs up his belief with reasons for it. He lays considerable stress upon this view.

The discussion of the etiology and treatment of eczema in its varied manifestations is very suitable. The author goes fully into the subject of causes and clinical history of the disease in general.

The diagnostic points between it and other affections of the skin with which it may be confused are carefully differentiated.

The treatment, both constitutional and local, is given due consideration and illustrated by numerous formulæ. Considerable attention is also given to the description of the individual types of

eczema which are of sufficient importance to call for such special consideration.

TWELFTH ANNUAL REPORT OF THE STORRS AGRICULTURAL EXPERIMENT STATION, Storrs, Conn., 1899. Printed by the order of the General Assembly.

This work contains a considerable amount of material of value, especially to the agriculturist. Two subjects we would like to give special mention. There is an exhaustive discussion of the classification of dairy bacteria which must necessarily be quite important to the bacteriologist, particularly the economic bacteriologist. The chapters on experiments with tubercular cows, and the use of their milk in feeding calves, will be of special importance to the dairyman, and is also not without considerable interest to the physician.

THE AMERICAN ILLUSTRATED MEDI-CAL DICTIONARY. A new and complete dictionary of the terms used in Medicine, Surgery, Dentistry, Pharmacy, Chemistry, and the kindred branches, with their pronunciation, derivation and definition. Including much collateral information of an encyclopedic character. By W. A. Newman Dorland, A. M., M. D., Assistant Obstetrician to the University of Pennsylvania Hospital, Editor of the American Pocket Medical Dictionary, Fellow of the American Academy of Medicine. With numerous illustrations and 24 colored plates. W. B. Saunders & Co., Philadelphia and London.

The proper use of a good dictionary is a characteristic of the scholar, no matter what be his profession. It also greatly aids in developing the scholar and scholarly tastes in those in whom they have been previously lacking.

A careful examination of this work reveals much that is pleasing. The typography is such as to aid in the rapid finding of the word sought. The pronunciations and derivations are carefully presented, the definitions prove satisfactory.

In addition to this, the plates and illustrations interspersed throughout the text are well selected and will prove valuable to those consulting the work. There is also a great deal of interesting material presented in compact form, such as the tables of arteries, muscles, nerves, veins, etc.; also all the various forms of bacteria, ptomains, and leukomains; also the table of weights and measures; furthermore, tables of eponymic tables of diseases, operations, signs and symptoms, stains, tests, methods of treatment, etc.

In addition to these special departments there is to be found in numerous places throughout the work, under appropriate leading words, much information of derivative or allied nature.

SYPHILIS, A Symposium. Special contributions by L. Duncan Bulkley, A. M., M. D., Follen Cabot, Jr., M. D., Louis A. Duhring, M. D., Prot. Fournier, M. D., Eugene Fuller, M. D., E. B. Gleason, M. D., William S. Gottheil, M. D., Robert H. Greene, A. M., M. D., Norman B. Gwyn, M. D., Orville Horwitz, M. D., Edward

L. Keyes, M. D., G. Frank Lydston, M. D., D. J. McCarthy, M. D., Thomas G. Morton, M. D., Boardman Reed, M. D., A. Robin, M. D., J. D. Thomas, M. D. Price \$1.00; E. B. Treat & Co., 241-243 West 23d street, New York, 1902.

This little work of 122 pages presents a collection of articles by leading syphilographers which it is well worth every physician's while to read. It presents a consideration of numerous features of this so widespread, so frequently contracted, so interesting and so often unrecognized disorder.

A glance at the list of contributors reveals that they are men qualified to speak ex cathedra on the subject assigned to them.

Of special importance are the chapters on the Unrecognized Chancre and Unrecognized Syphilis in General Practice. Of practical value to the practitioners, those on the Diagnosis and management of Syphilis and A Few General Remarks on the Management of Syphilis. Encouraging, and therefore important to both physician and patients, is the view maintained of the curability of this, so generally believed uncurable, disease.

THE PRACTICAL MEDICINE SERIES OF YEAR BOOKS, comprising ten volumes on the Year's Progress in Medicine and Surgery. Issued monthly under the general editorial charge of Gustavus P. Head, M. D., Professor of Laryngology and Rhinology, Chicago Post-Graduate Medical School. Volume III. THE EYE, EAR, NOSE AND THROAT. Edited by Casey A.

Wood, C. M., M. D., Albert H. Andrews, M. D., and T. Melville Hardie, A. M., M. D. Price, \$1.50. Price of the series, \$7.50. The Year Book Publishers, 40 Dearborn Street, Chicago, Ill.

As is the case with the other volumes of this series, the purpose has been to present a review of the year's work in the specialties noted suitable for the general practitioner rather than for the specialist only.

Dr. Wood has very carefully presented a resume of the most important literature dealing with the eye, ranging from anatomy and physiology to the special treatment of individual pathological conditions. A very great deal is presented which is of general interest as well as which appeals principally to the specialist.

In a similar way Dr. Andrews gives us the most important contributions and advances in diseases of the ear. Mastoid disease as well as brain abscess due to ear trouble has called for a considerable amount of special attention.

In the section devoted to the nose and throat Dr. Hardie has assigned very properly a considerable amount of space to the accessory sinuses, and this, too, without neglecting the other subjects within the scope of his work.

ATLAS AND EPITOME OF OPERATIVE SURGERY. By Dr. Otto Zuckerkandl, Privat-docent in the University of Vienna. Authorized translation from the German. Edited by J. Chalmers DaCosta, M. D., Clinical Professor of Surgery in Jefferson Medical College, Philadelphia, Surgeon to the

Philadelphia Hospital, etc. With 24 colored plates and 217 illustrations in the text. Price, \$3.00 net. W. B. Saunders, 925 Walnut street, Philadelphia, Pa.

To mention any one of the series of Saunders' Medical Hand Atlases is to at the same time give a very definite impression of the work to be expected. The most immediate and striking characteristic is the high grade of mechanical workmanship expended in the volume. The plates represent the highest degree of illustrative work. The illustrations are numerous and well adapted to the text. The typography is of the best. When our attention is called to a consideration of this fact, the moderate price at which the works are placed on the market call for our wonder.

The present work is an introduction to the subject of operative surgery. It deals with experimental operations upon the cadaver and practical operative surgery upon the patient. Only so much of pathology and the indications for the given operation is presented as is believed to be a necessary preliminary to the description of the operation itself. The subject of after-treatment is likewise left to other works.

The text is short. This is rendered possible by the number and character of the illustrations. Though short, it is nevertheless clear. In no portion is it difficult to understand exactly the meaning of the author. We most readily believe that the work will fill a want among practitioners, both general and those devoting special attention to operative surgery, and will meet with a correspondingly great sale.

Table of Contents on Advertising Page 3.

Do you read the Advertising Pages? If not you are missing something good.



THE COLORADO MEDICAL JOURNAL 133 West Colfax Ave., Deaver, Celorado.

WM. N. BEGGS, A. B., M. D., ALLISON DRAKE, Ph. D., M. D., Editor and Publisher Associate Editor

Entered at the Postoffice at Denver, Colorado, as second class matter.



POSITIVE NUTRIENT TO THE STARVED NERVE CENTERS

ARSENAURO.

THE GENUINE HAS OUR SEAL ON NECK - THE SUBSTITUTES HAVE NOT. LOOK OUT. CHAS. ROOME PARMELE CO., 45 JOHN ST., N. Y.

ALC 24.

Digitized by Google

WHEN THE STOMACH REFUSES

food and nourishment, when internal or gastric inflammation render the stomach entirely railable, or inadequate, try

BOV NINE

per rectum. It will nour that and support, and aid any form of medication.

When collapse calls for *instantaneous blood* supply—try it by sub-cutaneous injection of one part to two of neutral salt solution, and note the prompt response, a response so much more efficient and powerful than that from blood dilution. If you are interested a postal will bring our scientific treatise on topical and internal administration, and reports of hundreds of clinical cases.

THE BOVININE CO.,
75 West Houston St., New York.

LEEMING MILES & CO., MONTREAL. Sole Agents for the Dominion of Canada.

THIS SPACE FOR SALE

ADDRESS
THE COLORADO MEDICAL JOURNAL
DENYER, COLORADO

THE COLORADO MEDICAL JOURNAL

...AND...

WESTERN MEDICAL AND SURGICAL GAZETTE

A Scientific Medical Journal, Published in the Interest of the Profession of Colorado and Adjoining
States—A Journal of Science, of News and of Medical Lore.

Vol. VIII.

DENVER, COLORADO, JULY, 1902.

No. 7

ORIGINAL COMMUNICATIONS.

Medical Legislation.*

By S. D. VAN METER, M. D., Sec'y-Treas, Colorado State Board of Medical Examiners, Visiting Surgeon to Arapahoe County Hospital, Denver, Colo.

In medical literature when we see numerous remedies recommended for the cure or relief of a disease, it is safe to conclude that no one is particularly effective. Likewise it would be right to conclude, after the most superficial perusal of the statutes of the different states with their varied phraseology, that we have yet to achieve the ideal in medical legislation. This is also manifest by the great amount of controversy going on at present among the numerous Lycurgian members of the profession, who are rushing into print with proposed medical acts which they apparently think would immediately, once and for all time to come, remedy the existing evils and bring a utopia so tranquilly serene as to be in a measure monotonous. With such a view

of the situation, you will not expect me to propose an ideal statute, but I beg of you the forbearance and permission to consume sufficient of this society's time in an analysis of the many features of this knotty problem, from the standpoint of my own observation, hoping that thereby some little good toward the betterment of the situation may be achieved.

The impartial observer must conclude that the evils which all medical laws attempt to control are so complex in source and protean in form that the most ideal statute will not absolutely control them. Therefore, all that those laboring in this commendable field may expect is that, with a united front of our forces, a persistent struggle for right, step by step, we will in time reach

^{*}Read before the Colorado State Medic al Society, Pueblo, Colo., June 24-26, 1902.

that point where we can proudly say we have reduced irregular and incompetent practice to a minimum. who feel it can be done by one fell swoop are to be admired for their optimism, but they cannot meet with other than disappointment. A mistake that is made by many is in thinking that certain acts of unprofessionalism, which should be overcome by county, state and national society influence, can be controlled by state legislation. an example of what I mean may be mentioned the acceptance of commissions from surgeons by those who refer cases to them and the receiving of similar dishonest compensation from nurses sent to care for patients. I do not wish to accuse the censors of this society of not doing their duty, but suggest that they pay more attention to such matters in future than has been done in the past; and further, venture to prophesy that the disciplining of one member of this society for such unprofesisonal conduct would result in more benefit and do more to control such disgraces upon the profession than any possible state legislation, with all the present obstacles removed.

CONSTITUTIONALITY AND ORIGIN OF LAWS REGULATING THE PRACTICE OF MEDICINE.

As early as 1510 the people of England recognized the danger of allowing incompetents, pretenders and the unprincipled to voluntarily set themselves up as practitioners of physic and, to prevent such danger, enacted a law creating a board to examine and pass upon the credentials and professional ability

of all desiring to engage in the practice of physic and surgery. The acceptance of such a law, with its numerous amendments in the United Kingdom. led to the enactment of similar statutes in this country, all of which, for their fundamental authority, have relied upon the recognized sovereign right of a state's police power to regulate the following of any profession or vocation within its borders. The specific question of whether or not a state has the right to regulate the practice of medicine and surgery under its police power has been further established by the decision of the Supreme Court of the United States, January 14, 1889, in the case of Frank M. Dent, plaintiff in error, vs. State of West Virginia. Dent appealed the case to the State Court of Apepals, on the ground that the act was unconstitutional inasmuch as it deprived him of liberty and property without due process of law, etc. Court of Appeals, on the ground that against Dent and the Supreme Court of the United States affirmed that decision, and the court, in an opinion by Justice Field, says: "It is undoubtedly the right of every citizen of the United States to follow any lawful calling he may choose, subject only to such restrictions as are imposed upon all persons of like age, sex and condition. This right may, in many respects, be considered as a distinguishing feature of our republican institution. Here all vocations are open to every one on like conditions. 'The right to continue the practice of professions is often of great value, and cannot be arbitrarily taken away any more than real or personal

property can; but there is no arbitrary deprivation of such rights where its exercise is not permitted because of a failure to comply with conditions imposed by the state for the protection of society. The power of the state to provide for the general welfare of its people, authorize it to prescribe all such regulations as may be necessary to secure the people against the consequences of ignorance and incapacity, as well as of deception and fraud."

We can therefore safely assume that the right of a state to enact laws regulating the practice and requiring an examination to test the qualifications of applicants cannot be questioned, but it does not follow that all of the statutes that have been passed by the legislatures in the different states are perfectly constitutional.

It is not by desire, or intention at this time to call attention to such points of supposed or real unconstitutionality, but those in whose hands the administration of such laws is reposed should study well the vulnerable points and see that possible defects of this kind, as well as all others, are cautiously corrected.

NATIONAL REGULATION.

The unfortunate lack of uniformity of state laws has given rise to a hue and cry for a national law, which would, at first thought, be ideal, and do much to raise the standard of medical education. However, the impossibility of getting some, much less all, of the states to waive their sovereign right to have their own laws is more than sufficient to banish all hope of such a solution of

the tangle. Furthermore, were such accomplished, and the most ideal law enacted, the unexpected would be sure to arise, and the administration of a national board of examiners, I fear, would meet with obstacles rendering its functions impracticable and inoperative. Chief of such possible obstacles would be the cost and inconvenience to the applicants.

One of the most obvious defects of our medical registration acts at present is the fact that in our strenuous effort to raise the standard of the profession. we have imposed hardships upon the better element, which none would but gladly suffer did they accomplish the good intended of keeping without the fold the undeserving. There is hardly a state in the Union, with our present laws, but where you can find the quack plying his trade with impunity, but, let a reputable man attempt to become a licentiate in any state where an examination of all applicants is required, and note to what annovance and trouble he is submitted. It often amounts to placing the bars so high as to keep the better stock out while the runts and mongrels go under.

The suggestion of a voluntary national board by Rodman is attractive but, I fear, would not be a success except indirectly. Its influence would be good on all legislative committees and demonstrate the necessity for greater elasticity in our state laws. Elasticity that will grant more discretionary power to state boards, and enable them to extend reciprocity where and when it should be, and recall or revoke

licenses of many medical men who have forfeited their right to such.*

Those claiming state boards should recognize the certificates of others. should remember that it is not within statutory rights in many states for them to do so. Further, when we recognize the amount of deception and fraud that is being constantly perpetrated with stolen or bogus certificates and medical diplomas in securing licenses to practice, it is well to bear in mind that, while due recognition of state board certificates should be made whenever the statute under which the board is operating permits, neither they nor purported diplomas should be accepted until their genuineness is proven by careful investigation.

As an illustration of this, and how a shrewd impostor successfully secured a license in a state where a diploma is required as a pre-requisite qualification and all applicants have to pass a rigid examination, a recent case which came under my observation may be cited. A man, claiming to be a graduate of one of the leading medical universities of the world, presented a forged diploma to the board of the state in question, was allowed to come up for examination, passed a creditable grade, and was granted a state certificate. This party presented the same forged diploma for registration in Colorado and is now under arrest for filing false and forged documents with the state board, his purported diploma having been found, upon investigation, to be the rankest kind of a forgery and the only evidence

that could be found of his ever receiving any degree was that of D. V. S. The secretary of the board in the state where this party stood the examination and secured a state license, when interrogated about his knowledge of the applicant's qualifications, replied that he did not think it necessary to make careful scrutiny of his purported diploma so long as he stood the examination.

In this connection it is not amiss to offer the suggestion that all colleges and universities should adopt some system of numbering and marking diplomas whereby they can be recognized by the officers and members of boards as genuine. A short physical description of the party to whom a diploma is granted would be in many cases of inestimable assistance, and work well in the cause of restriction of fraud, for the good of the public and the party impersonated. Further, the secretaries of medical faculties should be more careful in granting certificates of graduation to parties claiming to have lost their diplomas, and in no case should they be delivered unless proof exists that the party applying for the same is the original. The possible danger from non-observance of such precaution was well demonstrated in the Mooers-Cory case, with which most of you are familiar.

RECOGNITION OF DIPLOMAS VS. EXAM-INATION.

Laws empowering license boards to register applicants possessing diplomas from reputable schools do much toward the correction of the often unnecessary

^{*}In Colorado the Board can revoke a license only after a licentiate "has been convicted of conduct of a criminal nature." See sec. 3556 Mills Annotated Statutes.

hardships caused by medical registration acts requiring an examination of all applicants, irrespective of what school they may hold a diploma. Much has been said of the frailty, ineffectiveness and uselessness of the Colorado medical act, and the Board of Medical Examiners has been most thoroughly upbraided from time to time for not stopping the disgraceful impositions that have been, and are practiced in defiance of the law. With this admitted inefficiency of the statute and inability of the board to carry it out to its full intent, it gives me pleasure to point out the good features of our law, which empowers the board to recognize as evidence of qualification to practice medicine and surgery, the presentation of a diploma or production of proof of graduation from a reputable medical school in good standing with this board. With a similar clause in every state law, there would be no cause for widespread dissatisfaction complaint from old practitioners from reputable schools, who are confronted by unnecessary examinations by state license boards when they, from choice necessity, move from one state to another. That our law in other parts is defective is sorrowfully admitted, but I will consider that later.

The justice of recognizing diplomas from reputable medical schools as proof of qualification to practice has, at times, been used to attack the constitutionality of medical laws. This position was amply defended by Judge McGary of Washington, D. C., in a paper entitled "Are Medical Laws Constitutional?" While I do not agree with the position

taken, he certainly offers strong argument in support of the advisability and justice of all license boards recognizing diplomas from reputable colleges, when properly presented, as sufficient proof of qualification without further examination. In taking this position, do not misunderstand me and conclude that I am opposed to, or think a board should not have the right of, examining an applicant by any and all fair means to ascertain his qualifications to prac-It is not so. They should and, further, should have more discretionary power in granting licenses. But I cannot agree with the views of those who think the adoption of examination as the one and only means of arriving at the conclusion of whether or no an applicant is entitled to that for which he applies. Such discretionary powers are not incorporated in many statutes, and the profession should not blame the boards in those states for administering registration affairs according to and within the statutory bounds, as the members of those boards would gladly do away with any unnecessary hardship to those applicants laden with proof of practical and general qualifications, were the laws so framed as to be elastic, and empower the license boards to use discretion instead of having to follow close lines that are bound to be impracticable in many cases, notwithstanding they may be ideal in intent. The plea that granting too much discretionary power to license boards is not good is without foundation. A clause allowing appeal to a court of record similar to that of the Washington, D. C., act, will prevent any abuse

of such power. It must be admitted that in any affair, private or public, unless those in power have authority to act and use their own judgment, little result is to be expected. Otherwise, it is like chaining a watch-dog with a tenfoot chain and expecting him to guard a ten-acre lot. He may bark and frighten away thieves for a while, but they will soon learn how limited his range of action is.

Were medical license boards empowered with the right to inspect the methods of the medical colleges in their respective states, and if upon their report depended to a large extent the recognition of the diplomas from these schools by their own and other state boards, it would do a great deal towards having carried out much that is published in college catalogues that their students do not receive in reality. Further, the recognition of diplomas of reputable colleges by state license boards works to the advantage of the good schools and disadvantage of the poor. It would be an influence, little as it may seem, that would in time help in the dissolution of many colleges that have no right to exist and would not have been born were it not for the vanity of members of our own profession who apparently enjoy the empty honor of being dubbed professors in institutions wholly unequipped to prepare their graduates for the degree of doctor This eagerness for proof medicine. fessorships has been so rampant in my

own city, with its five hundred doctors. as to give rise to the facetious, though not far from true, remark that "there are only thirteen medical men in Denver of any prominence who are not professors in one or another of the medical schools." In quoting this remark, do not understand that I or the Colorado Board of Examiners in any way look unfavorably upon the medical schools of the state, or question the ability of the majority of their professors, because we are glad to say that they all conform to the rules of the A. A. M. C. and their diplomas are recognized by the board on an equality with the eastern universities. Further, in their numerical surplus of professors, they* have teaching talent sufficient to amply fill the chairs with men that would form a faculty for each school comparing well with any in the United States. .

IMPORTANCE OF GUARDING THE DOORS
OF MEDICAL EDUCATION, AS WELL
AS THOSE TO PRACTICE.

Interlaced with this greed for professorial honors is associated the evil of many faculties allowing the matriculation as students of medicine of those whose preparatory education is deplorably deficient. Some of these same professors upbraid the members of license boards for not being more strict and clamor for the exclusion of all applicants who cannot pass technical examinations irrespective, perhaps, of

^{*}Since writing the above, two of the leading Colorado schools have combined, which the writer is very glad to see. It is to be hoped that this union will not only cause to be buried much of the ridiculous partisanship that has existed heretofore, but that, in re-organizing the faculty for the combined school, ability as a teacher will be the paramount point to be considered in the selection of each member thereof.

years of practical experience, claiming that by such action they are doing their duty in trying to raise the standard of the profession. "Consistency thou art a jewel." "The echo answers, Why?" Simply because to keep in motion the frail machinery of their one-horse college they must have the fees from the students, good, bad or indifferent.

To prevent the matriculation of the insufficiently educated, the most potent etiological factor in our present low average educational standard of the medical profession, the control of matriculation should be in the hands of disinterested parties. Would it not be well to place it in charge of the state superintendent of public instruction, assisted by a board, properly selected, so that none of its members would have any interest other than to see that no student was allowed to matriculate unless he or she were possessed of sufficient education to take up and bear the heavy burden of a medical Further, those in charge of matriculation, as well as medical faculties granting the degree of doctor of medicine, if they do their duty and desire to elevate the honored position, social and professional, of the craft, should pay more attention to the moral fiber of those aspiring to, and receiving the medical degree. Were they all gentlemen, there would be no need of a code of ethics, and the state would not have to enact laws for the protection of the public against the charlatan; but, alas! 'twas not decreed so to be, and much care should be exercised at every point to keep out those whose moral as well as professional qualifications are

calculated to lower the standard. A doctor, dishonest or immoral, even though scientifically qualified, cannot do good work. Dishonest in one, dishonest in all.

In addition to such precautions as to matriculation, the profession should see that no new medical school is granted a charter unless the one reason justifying the creation of such be shown to exist beyond the question of a doubt. That is, is such school needed? And then not until those desiring the school and charter offer double assurance of their financial backing and ability to secure a competent corps of teachers, not would-be professors.

FORMATION OF BOARDS.

Guard the output of medical schools well as you may, with the strongest determination to let none pass who are not duly and truly prepared, with our present number of schools not in good standing, it is necessary that the second door to practice must be watched by the state license boards. To make their work most effective, the selection of the members thereof is most important. The appointment of each and every member should depend on three things:

First: Is he competent and of judiciary caliber?

Second: Is he willing to make the sacrifice of time necessary to do his duty in the work?

Third: If he does not devote the necessary time to the position, will he resign in favor of some one who will?

In those states where the statute requires an examination on materia medica and therapeutics, a certain

amount of trouble has arisen on account of fear that members of examining boards who happen to be graduates of different schools of medicine from an applicant, could or would not deal justly with him on these subjects. prevent such possible injustice legislatures in some of those states have enacted laws creating separate representing different the schools to pass upon and examine the credentials of the applicants of their respective schools. This is unfortunate, because it only acts as an unnecessary influence to keep up the ridiculous divisions of the medical fraternity in the many pathies of to-day, which our legal brethren continually flaunt in our faces when we ask that they help us in passing laws regulating the practice of medicine. I am glad to say, however, that the better educated element in all schools are fast casting aside their prejudices as to isms, and are willing to grant a member of the fraternity, be he from a different school, the just privilege of having his own therapeutical belief, and honor him as a gentleman and scholar so long as he has mastered the branches of medicine upon which none disagree.

The legislature of this state most wisely solved the problem of possible injustice to applicants from the different schools by providing for a composite board and excluding the branches of materia medica and therapeutics, which leaves only anatomy, pathology, chemistry, physiology, surgery, obstetrics and practice, branches of medicine upon the principles of which none disagree, yet with which we can easily

discover the qualification of an appli-This provision of the Colorado statute has proven most satisfactory, as it has prevented absolutely any friction between members of the board holding different views on materia medica and therapeutics. It is to be presumed the framers of this section of our statute felt that such would be the case and that, if an applicant were well posted in the branches specified, the public could afford to trust to his ability for the scientific administration of the proper remedy, according to his individual belief, be it the infinitesimal Hahnemannian pellet, the heroic and nauseating dose of the poly-pharmacist. the subtle, unseeable electric current. the occult ether wave of the clairvoyant, the suggestion of the hypnotist, or the life-liberating touch of the leg-By such arrangepulling osteopath. ment the spirit of fairness to all was evidently intended, and those clamoring for recognition outside of the Colorado statute as practitioners of new schools have no just ground for so doing.

There is not a state in the Union where a new ism has a better opportunity to start, and have a legal standing, so long as its disciples give evidence of knowledge of the fundamental scientific branches qualifying them to recognize and differentiate disease. No school of medicine should object to such liberality on the part of the state. Any one that is not ready and willing to stand or fall upon the practical trial of the merits of his system acknowledges inferiority and is seeking class legislation.

OBSTACLES PREVENTING PROPER EN-FORCEMENT OF THE COLORADO LAW.

I have already pointed out two good features of the Colorado law, i. e., that of the power granted the board in recognizing diplomas from reputable schools, and that of restricting examinations to those branches upon which all schools agree. I wish to add further that, after careful comparison with other statutes, its constitutionality cannot be questioned.

Now, as to its defective points. Chief of these is the failure to define in explicit terms what constitutes the practice of medicine. The intent of the framers of the statute could not have had any other idea than to have used the word "medicine" in the broad sense of the healing art, or, as given in the Century dictionary, "The art of preventing, curing or alleviating diseases, and remedying, as far as possible, the results of violence or accident."

The host of unlicensed, hence illegal, practitioners in this state to-day are standing on the flimsy ground that so long as they refrain from the internal use of drugs they are not practicing medicine. I am sorry to say that one of our most learned judges has coincided with their interpretation of the words as used in the statute. Upon the construction of this part of the law. viz., what constitutes the practice

of medicine, depends the worth of the entire statute. I am confident that cases now in process of prosecution in Colorado will further fortify the interpretation we, the Examining Board. place upon it, as does the decision of the Supreme Court of Colorado in the case of Harding vs. The People (Colo. 15 Pag., 727), and that is in the broad sense as defined in the Century and other standard dictionaries; or, as I often express it, that any one is engaged in the practice of medicine within the meaning of our statute whenever they publicly or privately profess ability to recognize and differentiate disease and diseased conditions and maintain quarters for the reception, examination and treatment of the sick or injured, irrespective of school or pathy.

The decision of the case of Bragg vs. People* (now pending before the Supreme Court of Alabama, a state whose statute is almost identical with that of Colorado), will have great influence upon those in process of prosecution

It is to be hoped that the lower court will be sustained,† because if the broad definition of the word "medicine" is not that intended when used in our statute, the sooner known the better. If the narrow one of the internal administration of drugs is proper, we will have to go still further and ask our learned courts to define the word "drug." What one may consider a

^{*}I take pleasure in referring those who a to the able brief and argument of Messrs. Ca in the above case.

Tine Supreme Court has since affirmed t he decision of the lower court. The opinion handed down by Justice Tyson is one of the m ost comprehensive ever written, and should and probably will be followed.

re interested in this special part of the problem baniss and Weakley of Birmingham, Ala., filed

drug another may call inert or even food. Take, for instance, the thirtieth potency of carbo lignis of our homeopathic friends. The butcher who feeds it to his hogs by the pound to remove intestinal gas preparatory to slaughter would hardly consider charcoal a drug. Further, were this definition accepted as correct it would not be long until nothing would be considered drugs excepting the virulent poisons.

Upon the claim of ability to diagnose and differentiate disease must hinge, to a large degree, the definition of what is meant by practice of medicine irrespective of the method or system of treatment, internal, external, absent or Further, until the courts otherwise. rule on the construction of the present statutes, it is folly to draft new ones. However, the position held by the board relative to the proper definition of what constitutes the practice of medicine, I think, should be considered as correct and settled in this state by the Supreme Court decision in the Harding case just mentioned and in which the court said: "The evidence showed that the defendant was engaged in the practice of medicine by the administration of electricity as a remedial agent."

One great cause of failure of our statute to accomplish the evident intent of the legislature is that many of our courts consider the act a penal law, and being such they must construe it with a strictness that renders it inoperative.

However, the opinion handed down in the case of Taylor vs. United States, 3 How., 210, should cause the lower courts to construe the medical laws as

remedial and not penal statutes, which, for reasons not necessary to discuss. have to be construed in justice to the accused in strict accordance with the language used. In the case cited Justice Story says: "In one sense every law imposing a penalty or forfeiture may be deemed a penal law. other sense, such laws are often deemed, and truly deserve to be called, remedial. The judge was therefore strictly accurate when he stated 'that it must not be understood that every law which imposes a penalty is therefore, legally speaking, a penal law; that is, a law which is to be construed with great strictness in favor of the defendant. Laws enacted for the prevention of fraud, for the suppression of a public wrong, or to effect a public good, are not, in the strict sense, penal acts, although they may inflict a penalty for violating them. * * * It is in this light I view the revenue laws, and I would construe them so as to most effectually accomplish the intention of the legislature in passing them.' This is the enlightened and reasonable rule by which the act we are considering is to be interpreted."

The necessity of further verifying the board's interpretation of the law as to what constitutes the practice of medicine, and whether the statute should be construed as remedial or penal is self-evident, and I think of more importance than the enactment of any hoped for improved laws, because, upon these points depend, to a great extent, the effectiveness not only of the present, but of any future act regulating the practice of medicine.

One of the greatest difficulties with which the board is confronted in prosecuting the horde of illegal practitioners in this state is that of securing compe-Most of those who tent witnesses. have been the unfortunate dupes of such charlatans are not willing to give further publicity of their real or imaginary ailments by testifying, preferring to suffer their impositions as poorer but wiser men rather than enjoy sweet revenge, which in itself is hardly commendable, yet, when it would result in the protection of other innocents. is perfectly justifiable. A similar reticence on the part of the profession to assist the board in securing witnesses. exists to a remarkable degree. This is due to their fear of being looked upon as detectives, and to the often and justifiable danger of a doctor becoming engaged in a dispute that might be detrimental to his individual practice. However, without the aid of the profession the board cannot do its work efficiently. and it is to be hoped that in future the Colorado board will receive more assistance from the profession than it has in the past.

Another, in fact the greatest, obstacle in the way of enforcing the medical law or amending the same is the disreputable position taken by the public press in which they resort to the unjust and scandalous means of attacking the license board as the tool of a would-be medical monopoly. So preposterous an injustice needs no refutation among the intelligent classes, but it has an immense influence with others and becomes diabolical when we consider the unfair advantage the press has

over the profession. It is like a battle between two armies, one supplied with superior ordnance without ammunition. while the opposing force has an inexhaustible supply of the latter although their arms are of obsolete pattern. The free use of gunpowder has its influence and has won many a battle by impressing the enemy with its probable slaying power. Of such nature are the vollevs of the press in their opposition to legal registration of practitioners of medicine. It is not difficult to see the real cause of this unpardonable action of the press. In 1901 the four leading newspapers of Denver received in the neighborhood of \$72,000 for advertisements from the advertising and illegal practitioners of that city. It is simply to retain this source of revenue that the press takes the stand it does, but in so doing it certainly is not consistent with its managers' claim to morality and integrity as gentlemen and justice loving citizens.

I venture to say that if any daily paper in Colorado would refuse the disgraceful and indecent advertisements that they feel, from a business point of view, they are compelled to accept, and champion the cause of decency and morality in such matters, those in the control of such paper would be greatly surprised at its increase in circulation to that point which would more than offset the loss of the indecent advertising matter, to say nothing of having its former space left for some legitimate use. Not a man of the medical profession in this state but what would gladly subscribe for such a paper, and go further and induce his patients to do

likewise. The silent influence of the medical profession they and others underestimate.

The recent failure of a certain political aspirant to reach his goal is clear in the memory of all within the sound of my voice. We furthermore know that it was because he unwisely catered to the newspapers and their supposed following in their fight against our attempt to improve medical registration, by giving vent to his inexhaustible sarcasm in a pusillanimous tirade against legitimate medicine, and not the simple vetoing of the bill, as the press was wont to claim. In the performance of that act we all know he had a perfect right and, furthermore, that if in so doing he thought the law unjust he did his duty. However, the error of going out of his way to scandalize the medical profession, as an argument to justify the veto, was a sad one—one that brought fruit least expected. The very people that urged him on in the act used the support thereby gained to defeat him in his senatorial aspirations which. with the influence of the medical profession added, was successful. We are all human, hence liable to err, and I do not recall the foregoing to make Ex-Governor Thomas enemies, but I cannot refrain from citing the incident to remind the profession of their powerful though silent influence in public affairs, and as a caution to those who, in future, might be foolish enough in their career to underestimate it and fall into committing a similar mistake.

DEFECTS OF THE COLORADO STATUTE.

I have already mentioned the defective revocation clause of our statute

and suggested the good that would be achieved by the substitution of one similar to that of the Washington, D. C., law.

The obsolete section known as the "ten-year clause," which was inserted in the original act and so worded as to prevent the statute from being retroactive, but later on juggled with and made to read so as to let in any one who could bring up satisfactory poof of ten years' practice in any country, should be repealed. However, with the present board ruling, it does not amount to much. At the same time, having served its purpose, it is of no further Another defective point in our law is the ambiguity of Section 3559. relative to the maintenance of the board. As it now stands it necessitates the secretary bearing the expense thereof out of his own pocket until reimbursed by the legislature, unless the state authorities construe the statute that this section was not intended to apply when the fees received by the board are in excess of its expenses. Further, the vast increase in the labor and expenses of properly maintaining the board should be met with an increase in the size of the fees. That of registration by diploma should be \$10, and the fee for examination \$20 or \$25.

There are other minor points which would render the law more efficient, but with the correction of those already mentioned I do not think any state would have any more just, constitutional and practical registration act.

In conclusion, I cannot too strongly express that, after a most careful study of the whole question of medical legis-

lation, what we need most is the enforcement and proper interpretation of our present laws rather than the spending of time and labor in securing new ones with the hope of accomplishing that which we desire, which is, first and foremost, the protection of the public against ignorance and incompetency, and, indirectly, to raise the average standard of the medical profession to that point, scientificially and morally, where any member thereof can look with pride. The most ideal statute possible to draft would amount to naught unless some attempt is made to enforce it.

These, ladies and gentlemen, are my views of the situation; and I ask the profession of Colorado to give me their undivided support in trying to work improvement along such lines, notwithstanding the fact that some of you no doubt disagree with me. However, I do not think it asking too much when three vain attempts have been made to accomplish good by the enactment of new laws, while, if the same efforts had been made in amending and enforcing the present one, we would have made great progress towards the coveted goal of the proper regulation of the practice of medicine.

Granular Ulcer of the Cervix Uteri.

By CLARENCE L. WHEATON, M. D., DENVER, COLO.

Clinical Associate in Gynecology, Denver College of Medicine; Formerly Assistant to the Clinic for Diseases of Women, Chicago Polyclinic.

Degenerative changes involving the cervix uteri usually secondary to preexisting uterine disease are pathologic conditions worthy the consideration of every practitioner of medicine.

We must acknowledge the fact that in the environment of modern civilization there is most decidedly a tendency to develop a pre-disposition to disease of the female gentalia. A woman of robust frame, with a nervous system of practically normal tension, if I may use this expression, with a normal blood count, offers comparatively great resistance to those physically depreciating influences of modern civilized life.

In the consideration then of granular

ulcer of the cervix, a type of uterine disease not exceedingly uncommon, I shall write from the experience gained and the observations made in those fields where I have had an opportunity to study the greatest number of cases among women whose life occupations especially predispose to the development of this type of disease. We can more intelligently study this condition among those sufferers in the humbler walks of life belonging to that poor element who seek relief for their various ailments at our free dispensaries and large charity clinics.

Granular ulcer of the cervix has also been described under the name of granular degeneration and also epithelial abrasion of the cervix. lesion is usually most prominent about the os and may involve the cervical endometrium to a variable extent, depending upon the amount of eversion following lacerations. In most instances the disease is secondary to a chronic endometritis, impoverished blood resulting in general constitutional enfeeblement, the tubercular dyscrasia, so called, and scrofulous diathesis are all predisposing factors in its ætiology. Lacerations of the cervix of long standing, secondary infections of the endometrium resulting in a chronic inflammation of its mucosa, displacements of the uterus and areolar hyperplasia may be recognized as active ætiologic factors in this pathologic condition.

We occasionally observe the disease in women wearing displaced pessaries, and, owing to the possibility of a displaced or badly fitting pessary giving rise to the condition, we cannot too closely observe the women whom we are treating for malposition of the uterus by the use of this mechanical device.

SYMPTOMS.

Until well advanced the disease may present few if any symptoms. A profuse leucorrhœa is almost invariably the first indication of a diseased condition noticed by the patient. This discharge from the vagina may or may not be tinged with blood.

Pain after a time becomes intense. It may be bearing down in character, referred to the region of the loins, and at times lancinating in character and localized to the uterus. The pain is

usually aggravated by the use of a vaginal douche.

Locomotion usually gives rise to severe backache. The disease having in most instances run a chronic course before the patient presents herself for treatment, the various nervous phenomena following an ailment of long standing will be found present.

By vaginal touch we are unable to elicit anything of practical value as an aid to diagnosis, speculum examination alone revealing the true condition of affairs.

The cervix is usually observed congested and often acutely inflamed. From the external os there exudes a thick plug of somewhat tenacious mucus, which may be purulent or mucopurulent in character. Sponging this away, the diseased area bleeds freely, and the extent of erosion may be such as to completely involve the cervix. Induration of the ulcer is quite marked, with the exception of those areas endeavoring to heal by granulation.

PATHOLOGY.

The pathology of the disease has been carefully studied by many investigators, notably Ruge, whose conclusions are here quoted.

The maceration of the cervical mucus membrane in ichorous fluids results in the desquamation of epithelium to such an extent that only one layer of cells exists through the diaphanous structure of which the red colored tissue beneath is visible with its exaggerated vascular supply. Very soon from the epithelial layer prolongations project inward dividing the subadjacent tissue into villi

or processes such as are formed in the vesical and uterine mucous membrane. These villous projections are new formations, not hypertrophied papillæ.

They are covered with epithelium richly supplied with superficial blood vessels and liable to increase to large masses. To these in former times the now obsolete names of "bleeding ulcer" and "cock's comb" granulations have been given.

While in many instances the tendency of the disease is to become selflimited the general health of the patient improving and the primary conditions on which the lesion is dependent disappearing, notwithstanding this fact few constitutions are able to withstand the constant drain following such a degenerative process, and great blood impoverishment and its accompanying constitutional enfeeblement, ænemia, etc., are conditions which present themselves and demand prompt interference.

TREATMENT.

To induce healing of an ulcer the first requirement is arrest of the disintegration on the surface; next, that the floor of the ulcer assume at least approximately the character of a healthy granulating surface which goes on to cicatrize in the usual way. In torpid, atonic ulcers it is also absolutely necessary that there should be a free development of vessels and stronger cells, which do not lead to suppuration but to connective tissue and new formation. In proliferating ulcers, on the other hand, the new formation must be brought back to the normal size.

As previously mentioned, the disease

is usually secondary to a pre-existing disorder. Should the patient's general health be impaired, this, together with the local disease, calls for treatment, such as the use of tonics and proper hygienic instructions.

If the uterus is displaced, its prompt restoration to normal is indicated, thereby relieving the accompanying congestion. The cervix must be protected from pressure, friction and ichorous discharges.

This may be accomplished by the use of a wool tampon medicated with ichthyol and glycerine 10 per cent., allowing it to remain in the vagina twenty-four hours. After its removal, the patient may be instructed to take a hot douche in the dorsal recumbent position at a temperature of 120° Fahrenheit. The douching should continue for ten minutes. Local treatment may be instituted at the office.

Should the area of ulceration be extensive, thorough curetting to the base of the ulcer is indicated. To the now denuded area I usually apply chromic or nitric acid. At the expiration of twenty-four to thirty-six hours a slough will occur.

Any one of the many dusting powders may now be used. I personally prefer a mixture of tannic acid and iodoform, or dermatol may be substituted for either of these medicaments. A dry tampon is now inserted in the vagina well against the cervix, and allowed to remain in position twelve hours. After its removal, the patient is instructed to thoroughly douche the vagina, using about a gallon of hot water to which has been added two

ounces of glycerine and a drachm of zinc sulphate.

Vaginal suppositories have in my hands proved almost valueless in treating extensive disease of the cervix. In virgins and young girls where digital examination is absolutely contraindicated in the absence of grave disease, they perhaps have their sphere of usefulness.

CLINICAL REPORTS.

Recovery of a Needle Which Had Entered Patient's Body Many Years Before.*

By A. MANSFIELD HOLMES, M. D., DENVER, Colo.

Obscure and puzzling cases are met with in the practice of almost every physician. Probably the most interesting case belonging to this class which has come to my notice is the one which I now wish briefly to report.

On May 20, 1899, Miss W. came to my office for an examination, having been referred to me by a prominent physician in one of the Eastern cities. Her case had been diagnosed incipient tuberculosis by several physicians. She gave the following history:

Age, 20 years; family history negative. Trouble began in 1895 with pains in lungs, followed by a cold and later by two slight hemorrhages on consecutive days. Previous health had been good. In May, 1898, three years later, she had two more hemorrhages. During the interval between the hemorrhages patient had been troubled with a slight cough, moderate amount of expectoration, but no tubercle bacilli. Patient came to Colorado, May 19, 1899. Examination May 20, 4 p. m., with the following report:

Former weight, 118; present weight, 126½ pounds. Patient is well nourished; chest expansion two and a half; temperature, 99 2-5°; pulse, 95. An examination of the lungs revealed slight infiltration in the apex and upper lobe of left lung; also dulness and fine rales; pain on pressure.

Patient remained in Colorado until August 10 without treatment and with no apparent improvement, the obscure lung symptoms remaining unchanged. From August 12 to September 13 patient was under my especial supervision. During this period she continued very nervous and was subject to somnambulism. She suffered from amenorrhea during August and September. Pulse ranged from 90 to 100, with afternoon temperature frequently 99 2-5°.

The patient belonging to an obscure type, I decided to give the tuberculin test, which was administered on October 3 and was not followed by a reaction. October 14 patient had an attack of syncope and suffered with

^{*}Reported at the Denver and Arapahoe Medical Society, May 20, 1902.

pain in left lung. October 23 patient was seized with excruciating pain in the pelvic region, which continued for several hours. At this time a large fragment of a sewing needle was passed per vaginam with the menstrual flow, after which all pain ceased. On November II patient was seized with a paroxysm of coughing which removed a solid mass, within which she found the remainder of the needle imbedded. The part thus removed was the thicker portion at the head of the needle and contained the eye, while the pointed end passed on through the body. I leave it to the members of the society to decide how the needle was broken. On examining these parts of the needle under the microscope, their broken ends were found to adjust perfectly and without doubt were parts of the same needle. After the removal of both fragments of the needle all symptoms rapidly disappeared and patient has enjoyed excellent health ever since.

I might state further that other persons were present when each fragment of the needle was passed. The remnants of the needle are on exhibition and may be inspected by the members of the society.

Upon further questioning, the patient gave the following history: During her girlhood years, from 12 to 14, she acquired the habit of putting pins and needles into her mouth. Her mother warned her of the danger but she continued the habit and remembered having once swallowed a needle, but suffered no inconvenience from it afterward. The members of her family now recall the incident.

A number of valuable lessons may be taken from the foregoing case. The absence of bacilli, the removal of the fragments of the needle and subsequent recovery all point to the fact that her trouble was not pulmonary tuberculosis, and yet her symptoms would point to such a diagnosis. In addition to this, her case had been diagnosed incipient tuberculosis by several well-informed physicians before she came to Colorado. Upon examination I found evidence which certainly pointed to pulmonary tuberculosis and, on the strength of this, placed her under treatment. Not being satisfied I gave the tuberculin test, with negative results. which confirmed the opinion that the trouble was not tuberculosis. The case reminds us that a mistaken diagnosis can readily be made, and should impress us with the importance of giving each case a most careful examination and noting every minute detail in connection with the history. It is also an excellent example of pulmonary trouble resembling tuberculosis but produced entirely by artificial means. It is quite probable, however, that, had the patient possessed a feeble resisting power or a tubercuar predisposition, a tubercular lesion would have been produced in the lesion of the lung brought about by the irritation of the needle.

We may also profit from the foregoing case by noting the importance of administering the tuberculin test in all doubtful cases, and should the patient fail to react to such test, our attention should be attracted to other possible causes for the trouble.

THE COLORADO MEDICAL JOURNAL

AND WESTERN MEDICAL AND SURGICAL GAZETTE

A Monthly Journal for the Medical Profession of Colorado and Adjoining States.

WM. N. BEGGS, A. B., M. D., ALLISON DRAKE, Ph. D., M. D., **Editor and Public** Associate Editor

	DEPARTMENT	TDITOPS	
MEDICINE—			
Respiratory and Circulatory (Digestive Tract Tuberculosis	Organs		TAUSSIG, M. D.
Tuberculosis	• • • • • • • • • • • • • • • • • • • •		GS. A. B., M. D.
Neurology and Altenism			TTINGER. M. D.
Therapeutics	• • • • • • • • • • • • • • • • • • • •	A. ZEI	ERBAUM, M. D.
RURGERY			
General SurgeryOphthalmology and Otology			GRANT, M. D.
Ophthalmology and Otology	• • • • • • • • • • • • • • • • • • • •	MELVIL	LE BLACK, M. D.
Laryngology and Rhinology Gynecology and Obstetrics Diseases of the Genito-Urinary	· · · · · · · · · · · · · · · · · · ·		WHEATON, M. D.
Diseases of the Genito-Urinary	System	DONALD	KENNEDY, M. D.
LOCAL EDITORS:			
Boulder, Colo	W. W. Reed, M. D. L.	eadville, Colo ueblo, Colo	Sol. G. Kahn, M. D.
Cripple Creek District, Colo	M. D. Gibbs. M. D. T	rinidad. Colo	es Gill Espey, M. D.
Fort Collins, ColoP	'. J. MicHugh, M. D. W	heatland, N. DEdward	Chase Branch, M. D.
Greeley, Colo		eno, Nev	

Subscription, \$2.00 Per Year.

Single Copies, 25 Cents

ORIGINAL ARTICLES. CRISP EDITORIALS,

CLINICAL REPORTS, SOCIETY REPORTS, CORRESPONDENCE. NEWS ITEMS.

Invited from the Western States of Utah, Wyoming, New Mexico, Kansaa, Nebraska, Arizona, but particularly from Colorado.
All matter intended for publication in the next issue should reach the editor by the first of each month. Each contributor of an article will receive ten copies of the Journal containing his article, upon application.

reasonable number of illustrations will be furnished by the Journal free of charge if suitable drawings or photographs are supplied by the authors.

Address all communications to

THE COLORADO MEDICAL JOURNAL, 133 W. Colfax Ave., Deaver, Cole.

Vol. VIII.

DENVER, COLORADO, JULY, 1902.

No. 7

EDITORIALS.

MEDICAL LEGISLATION.

That there should be any medical legislation at all is disputed by some of the members of our profession of no mean standing. However, this is not

the view generally prevailing. majority of physicians believe that the entrance to the practice of medicine and that the practice itself should be limited by certain restrictions. They differ in opinion, however, as to the proper scope

of medical legislation and as to the methods which should be employed for accomplishing what they think is proper.

On the other hand, the vast army of charlatans and irregular practitioners are, from evident motives of self interest, bitterly opposed to any legislation which tends to restrict in any way the liberty of any one to make the most absurd pretentions and practice the most glaring frauds upon the sick, the suffering, the ignorant and the helpless. For the same self interest they are almost universally supported by the lay press. Our newspapers recognize* the fraudulent character of the great majority of irregular and advertising practitioners and, nevertheless, for the sake of the thousands of dollars which are annually paid them for the misleading and immoral advertisements which they publish, they strenuously oppose any restrictive legislation.

The attitude of the public at large is rather indefinite. When they themselves become afflicted with preventable disease they feel that the physicians in general have not done their full duty in that they have not rendered it impossible to occur. When they hear of some particularly flagrant example of fraudulent or incompetent practice with especially disastrous results, they think that the profession is more or less responsible for its occurrance and say

that "we should not allow it." On the other hand, they have no conception of what genuine professional ethics means. When they are requested to use their influence in securing legislation distinctly for the benefit of the public health, they are apt to get the question confused with that of the ethics of blantant advertising or to think that the purpose in view is the restriction of competition.

Such being the attitude of the public and the public press, the physician is justified in asking himself why he should persist in trying to secure legislation which, while of unquestionable benefit to the public, is not by it appreciated and serves to cast doubt upon his own motives and, to say the least, diminishes the demand for his own professional services.

If, notwithstanding these repellant elements, the profession feels that, having put its hand to the plow, it should not be tempted to turn back, it is then proper to inquire what legislation it is justified in requesting at the hands of First and above all, the our solons. sole excuse for medical legislation is the advantage of the people in general. We have no right to ask for any special protection of ourselves as a privileged class. In this country of at least theoretical equal opportunities no man is justified in demanding special facilities in the winning of his livelihood.

^{*}Several years ago, in the "Question and Answer" columns of the Rocky Mountain Sunday News the reply to a request for the address of a competent physician in Denver, was to the effect that reputable physicians did not advertise in the newspapers, and the publishers were oppposed to giving free advertising, therefore the request was refused.

pecially have we no right to endeavor to exclude those whose opinions as to therapeutics may differ from our own. A special system of practice under the protection of the law, is no more called for than a state religion. Therefore, our present statutes very properly forbid examination in the subject of therapeutics.

While discrimination against schools of medicine as such should not be permitted, we are justified, however, in demanding that all who propose to make their living in the practice of the healing art, that all who proffer their services to the sick for a fee, should at least have educational qualifications, both general and professional, to raise them above the class of the ignoramus. A proper knowledge of those subjects which all reasonable individuals agree to be fundamental and essential to a knowledge of the human organism in health and disease, should be and can be required by law. This, it is believed, our present statutes amply provide for.

The laws of Colorado, however, do not provide sufficient means for preventing the unscrupulous and the ignorant from preying upon the helpless, and often equally ignorant so far as medical knowledge is concerned. this respect, therefore, they should be amended. In arranging such alterations, however, we should be careful to keep the purpose in view constantly in mind. Any attack upon individual liberty in the selection of a medical attendant is unjustified. We have no right to say to the public, "Thou shalt not accept advice to ease thy rheumatic pains by chasing through the dewy grass barefoot in the early morning, and pay for that advice in good coin of the realm." We have no right to say to our neighbor, "Thou shalt not have thy leg pulled by an osteopath." This is his privilege, and it is his privilege to select a masseur at their usual rates if he so desires, instead of a member of the medical profession. We have no right to forbid a hysterical male or female having his or her imaginary ailments treated by an imaginary Christian Scientist, present or absent, even though the fee exacted therefor be Such little peculiarities are the inalienable rights of the dear public, however little foundation in reason they may seem to us to possess. It is, however, right for the law to require that John Smith should know the difference between rheumatic and tubercular joints before being permitted to practice his pulling and wrenching as a means of securing a livelihood. right for the law to say that Amanda Jones, not knowing the difference between diphtheria and hysteria, shall not endanger the lives of the public under the cloak of a legalized practice. should be kept strictly in public view that it is the ignorant individual who is attacked, and not any system of practice; that those who otherwise have the necessary scientific qualifications ought to be permitted to exercise their judgment for the public good; but also that those having no scientific training, and therefore no judgment, should not be permitted to perpetrate their ignorance upon the public.

This position may be maintained with the full assurance that, as the sci-

entific education of the individual practitioner is increased, he will become the more certainly convinced of the disappointing deficiencies of the various limited sects, and the more certainly satisfied that the regular practice of medicine contains within it all of the good advocated by their schools, while rejecting, as far as human knowledge permits, that which is false.

DR. TYLER' DEATH.

The arrows of death have stricken the medical profession of Denver heavily during the past half year, and in no way has the saying that "Death loves a shining mark" been better exemplified. The last to fall was Dr. George Edward Tyler, who succumbed to typhoid fever July 7.

Dr. Tyler was born May 23, 1869, at Salem, Ill. His general education was received at the Kansas Normal School, from which he graduated in 1890. He then taught school several years, passed the civil service examination, and received appointment in the army and navy departments in While there he studied Washington. at the Howard University, and then graduated in medicine from the Long Island Medical College. He then removed to Denver, where he soon became prominent in the medical profes-He became a member of the sion. faculty of Gross Medical College, and was chief surgeon for the Pullman Palace Car Company in Denver, and United States pension examiner. April, 1899, he was appointed secretary of the State Board of Health, which office he held at the time of his death.

His work in this office will be his chief professional monument; for through his executive ability, his grasp of the functions of such board, and his untiring energy, the work of the State Board of Health was raised to a very high standard.

Dr. Tyler was exceedingly popular in the profession and out of it. At his funeral the medical profession was represented among the honorary pallbearers by Drs. W. P. Munn, Leonard Freeman, Henry Sewall, W. H. Buchtel, C. P. Conroy, Robert Levy, S. D. Hopkins and C. E. Cooper.

, The board of trustees of the Denver and Gross Medical College passed the following resolution:

"We desire to express our profound sorrow and deep regret at this great loss to our college, to the medical profession, and to the community at large, and to join our grief to that of the bereaved family, to whom we offer our sincere and heartfelt sympathy.

"E. C. RIVERS, President, "C. K. FLEMING, Secretary."

The staff of St. Anthony's Hospital passed the following resolutions:

"WHEREAS, Our esteemed colleague, Dr. George E. Tyler, has been suddenly called upon to lay down his earthly work; be it resolved by the medical staff of St. Anthony's Hospital:

"First—That personally we deplore his death as a loss of a co-worker who had won our affection as a genial gentleman, an earnest, scientific physician, and a lover of his profession.

"Second—That we feel his taking away to be the cutting off of a career already crowned with professional distinction and full of great promise.

"Third—That in his demise St. Anthony's Hospital suffers the loss of a faithful, skilled and conscientious member of its medical staff.

"Fourth—That we extend to his widow and relatives our heartfelt condolence and sympathy in their irreparable loss.

"Fifth—That a copy of these resolutions be sent to his family and be published in the daily papers of Denver.

"Dr. C. B. VAN ZANT,
"Dr. D. H. COOVER,
"Dr. G. H. MIEL."

The Denver Clinical and Pathological Society adopted this resolution:

"The members of the Denver Clinical and Pathological Society desire to express their profound sorrow and regret at the death of Dr. George E. Tyler, who was one of their most active, beloved and respected members. Although comparatively young in the profession, he had taken so high a place in the esteem and confidence of every one that his loss is in the nature of an irreparable calamity.

"The society extends its sincerest sympathy to his wife and family.

"C. K. Fleming,
"Robert Levy,
"Leonard Freeman,
"Committee."

THE STATE MEDICAL SOCIETY MEETING.

The meeting of the State Medical Society in Pueblo last month was one of great importance. The scientific program was interesting and weighty. It was, however, disturbed by the necessity of considering the changes in the organic law of the society, which were adopted. These latter bring the society into conformity with the new laws of the American Medical Association, and will probably tend to the great benefit of the state and county organizations. As a whole, the meeting was marked by harmony of sentiment and good fellowship. As an experiment in holding the session outside of Denver, it was eminently successful and demonstrates conclusively that the society is benefited by meeting in different portions of the state.

PROGRESS OF MEDICINE.

Physiology.

Conducted by Allison Drake, Ph. D., M. D.

INFANT FEEDING.

Dr. John Zahorsky has been making a careful study of the literature on in-

fant feeding in connection with his own careful observation of the effects of different foods upon infants and sums up results in the St. Louis Courier of Medicine.

The bactericidal power of the serum of an infant at birth was in one instance 56 per cent.; two weeks later (the child in the meantime having been nourished at the breast) the percentage was 73; then, the infant having been put upon artificial food, the bactericidal power was found to be only 41 per cent. The average per cent. is, for breast-fed infants, 77 per cent.; for those fed on prepared foods, 33.4 per cent. In keeping with this is the fact that artificially fed babies are much more readily infected than those fed at the breast. It has also been observed, in fact it is well known, that the death rate among infants fed on condensed milk and dried foods is much higher than among those fed on cow's milk.

But it should be borne in mind, says Zahorsky, that an infant fed for several months on condensed milk cannot, as a rule, digest cow's milk; and it is less dangerous to pass from mother's milk to a rational substitute than to replace a prepared condensed or dried food by a mixture of cow's milk.

"In placing an infant on a new food," he continues, "the clinician should bear in mind that a period of adaptation may be necessary for its proper digestion and assimilation; this period varies in length in different infants from a few days to so many weeks, depending on a great variety of factors."

Osmotic pressure varies in different foods. Mother's milk and cow's each have osmotic pressure equal to that of blood serum, which is another consideration in favor of cow's milk being the ideal substitute for mother's milk if there must be a substitute.

CITY MILK.

In the Maryland Medical Journal for June, J. H. Mason Knox, Jr., Ph. D., M. D., and Victor H. Bassett report a series of investigations regarding the milk sold in the city of Baltimore, and particularly that sold to infants suffering with summer diarrhea. Their investigations discovered that some of the milk contained over 25,000,000 bacteria per c. c. The number of bacteria was least where cleanliness was observed from the time the milk was taken from the cow until it reached the consumer. Other things being equal, the average number of bacteria per c. c. where extreme care was used in securing and handling the milk was 10,121; where little or no care was taken, the average was 520,949.

Dr. Knox and his colleague called attention to the fact that the ordinary refrigerator does not keep milk cool enough to prevent the multiplication of bacteria, as the temperature for that purpose must be as low as 50° F., whereas the temperature of an ordinary refrigerator is about 65° F.

They also call attention to the fact that the vessel used to dip milk from the cans should be kept clean, and kept at 50° F. and should especially be out of the reach of flies.

The time required for milk to sour in the ordinary temperature of the house was found to vary from one to sixteen hours, the average time being six hours. They quote Walker as saying that milk from cows fed on house refuse and distillery slops sours much sooner than other milk.

It was found that in summer about 20 per cent. of the various samples of milk examined contained formalin, which had evidently been added to milk late in the period of fermentation. Acids were little used as preservatives, but "preservative powders" were much used.

As for water, of course nearly all the milk showed dilution with it. The paper shows that even this dilution, aside from being a fraud, is by no means harmless, as the saproyhytic organisms of putrefaction are not uncommon in water and, of course, germs of infectious diseases may be present. Then, too, the mere dilution of the milk weakens its bactericidal power. Gaseous fermentations are not uncommon in polluted milks and the alkaline preservatives favor these changes.

The paper condemns almost in toto the various artificial foods on the market, though it says a few may be used to advantage when diluted with cow's milk, which should be the main substitute food for children who cannot be nourished at he breast.

Ophthamology.

Conducted by Melville Black, M. D.

ASPIRIN IN DISEASES OF THE EYE.

In Annals of Ophthalmology, April, 1902, Randolph and Zimmerman, in their review of German ophthalmic literature, refer to the use of "Aspirin in Diseases of the Eye," by Dr. Hans Kirschner. (Die Ophthalmolog. Klinik., No. 18, 1901.) "The author used this product with happiest results in acute iritis. Cases which failed to yield to the salicylate of soda and salol were markedly benefited by the administration of aspirin. The value of aspirin was not only seen in inflammations of rheumatic origin, but in iridocyclitis from a variety of causes. The pain in this class of cases seems to vanish as if by magic under the influence of aspirin. Cases of scleritis and abducens paralysis were apparently uninfluenced. The author reports a case of iritis serosa where the pain disappeared and the exudates were absorbed under the administration of aspirin. Supraorbital neuralgia was promptly relieved, particularly the very acute cases. Headaches of obscure origin were dissipated by aspirin, so also headaches where the cause was known but which had failed to yield to the usual remedies. Generally speaking, 15 grains were employed at a dose, and this dose was sufficient to relieve the trouble. More than 30 grains were never necessary."

EYE DISEASES AND HAY FEVER. Dr. E. Franke, in the Zeitschrift fuer Augenheilk., December, 1901, discusses

the form of conjunctivitis seen in hay fever. It is coincident with the hav fever and appears and disappears with the latter. In other respects it does not differ from the conjunctivitis which we see with an ordinary cold in the head. We notice individual peculiarities, for while some are hardly bothered with the eve trouble others are very much afflicted, and the nasal symptoms are practically in the background. Frankle does not think the conjunctivitis toxic or infectious. The treatment of the eye disease is about as unsatisfactory as that of the nasal affection. Cold applications are recommended, but their effect is only transient. The various remedies for conjunctivitis may be employed, but Frankle has obtained the best results from the employment of a solution of holocain. The photophobia may be relieved by the use of colored glasses."

THE DIAGNOSIS, PROGNOSIS AND TREAT-MENT OF INFECTED PERFORATING WOUNDS OF THE EYEBALL.

Dr. Schirmer, in v. Graefe's Archiv. fuer Ophthalmologie, LIII, I Heft., reports that he has been so much struck with the efficacy of mercury in the treatment of sympathetic ophthalmia that he has made its use the routine measure in handling perforating wounds of the eye. In 60 per cent. of fibrbinous uveitis and in 65 per cent. of purulent uveitis he has been able to obtain a more or less amount of useful vision. It is exceedingly important to administer the remedy promptly, and it should be given in large doses. Inunction is the method usually employed and as

much as 8 or 9 grammes are used in the case of men, somewhat less when women are the subjects. In children from 1 to 3 grammes, according to the age. Generally half of the ointment is rubbed in in the morning and the other half at night. Intramuscular injections are sometimes employed when an especially rapid action is desired (that is to say, a hypodermic syringe full of this mixture. Hydrarg. Biniod. 0.25, Potass. Iod. 2.5, Aq. dist. 25.0.) The treatment must be kept up for a considerable time. In addition to these measures atropine, moist heat, bandage and rest are necessary. Touching the edges of the wound with the galvanocautery is often done and sometimes the wire is introduced right into the anterior chamber. Subconjunctival injections of sublimate and of salt have proved beneficial, and the salt solutions should be gradually increased strength. Mild diaphoresis and finally the introduction of iodoform rods into the anterior chamber are suggested by Habb. Ostwalt and others. He cautions against operative measures, for such a step is liable to bring about a relapse, and in fibrinous cases at least six months should be allowed to elapse before an operation is admissible. The chief points in the communication are these: Infectious inflammation which follows a perforating wound of the eye localizes itself generally in one or more parts of the uvea or the vitreous body. The inflammation makes its appearance in three forms: serous iritis; second, fibrinous iritis; third, purulent iritis. The three forms of uveitis are not sharply separable

from one another but often pass over into one another or they may exist in the same eye. It is to be specially noted that fibrinous uveitis is rarely associated with abscess of the vitreous. The prognosis is especially bad when we have in addition to a penetrating wound of the vitreous body an abundant exudate in the anterior chamber and sensitiveness to the touch a few days after the injury. The prognosis of serous uveitis is good and of the other two forms moderately good."

Gynecology and Obstetrics.

Conducted by Clarence L. Wheaton, M. D.

PREPARATION OF PATIENTS FOR AND THEIR TREATMENT AFTER LAPAROTOMY.

Dr. F. H. Wiggin, in the Vermont Medical Journal, describes at length the usual methods of preparing patients before and after abdominal operations. He deems it best in all cases requiring abdominal section to keep the patient in bed at least one week prior to operating. During this period massage may be employed to advantage and, so far as compatible with a healthy mental condition, visitors and friends should be In the preparation of the excluded. skin covering the abdomen, after thoroughly cleansing it, he advocates the application of a soap poultice for four hours over the site of the proposed incision, this then to be replaced by a compress moistened in a I per cent. formaline solution, this compress being allowed to remain until the patient is placed on the operating table.

LAPAROTOMY.

In the Medical Record. Stimson

suggests the use in laparotomy of the modified and sometimes double incision, which he has employed in fifty cases. The operation consists of a curved transverse incision through the skin. aponeurosis and sheath of the recti, followed by the usual longitudinal separating of those muscles and division of the peritoneum. The incision crosses the median line about four centimeters above the upper margin of the symphysis pubic and extends on each side toward the anterior superior spine of the ileum to a distance varying with the It is then carried subcutaneous fat. through the aponeurosis and sheath of the rectus muscle on each side, its outer portion following the direction of the fibers of the aponeurosis and the deeper portion not extending beyond the outer edge of the rectus. The upper flap thus outlined is raised from the muscles by division of its attachment to the septum constituting the linea alba. sheath below the incision is similarly freed toward the symphisis. vessels connecting the sheath and the recti will need to be ligated. The recti are then separated and the peritoneum divided in the median line in the usual manner.

At the termination of the operation the peritoneum is sutured and the flap replaced and secured by catgut liga-Stimson generally sutures the sheath and aponeurosis separately in the outer part of the incision. The skin is sutured with silk. If drainage is necessary the drain is placed at the center of the incision in the median line. and if the wound has been contaminated by contact with pus a small rubber tissue drain is placed between the flap and the rectus muscle on each side. emerging near the end of the incision. The longitudinal portion of the incision can easily be extended in this manner from the symphysis two-thirds of the distance to the umbilicus, and as the division of the sheath and aponeurosis permits easy separation of the recti, the available space thus acquired for intraabdominal manipulation is greater than it is with the same length of longitudinal incision directly through the parietes in the usual manner. result, the central transverse portion of the incision is protected from a separating strain by the uninjured recti beneath it, and the longitudinal portion by the overlying fascia, which is uninterrupted longitudinally except at the ends where the separation is oblique in the direction of and not across its If more space is needed, the flap can be split longitudinally in the median line and the incision prolonged unward as far as may be necessary.

Stimson has operated in this way for

salpingitis, tubo-ovarian disease, ovarian cysts, hysterectomy, intestinal resections and enterorrhaphy. In no case has there been any resultant laxity of the abdominal wall.

THE TREATMENT OF VESICO-VAGINAL AND RECTO-VAGINAL FISTULA HIGH UP IN THE VAGINA.

The Johns Hopkins Hospital Bulletin for April contains an article with the above title by Dr. Howard Kelly of Baltimore.

His method consists in placing the patient in the proper knee-chest position, cleaning the vagina and opening the vaginal vault in the line of the transverse scar into the peritoneum. As this is done the atmospheric pressure forces the viscera toward the diaph-The opening is then enlarged. the bladder is set free and the peritoneal cavity is protected by a large gauze pad. The margins of the fistula are now split, separating the vagina from the An ordinary scalpel or a bladder. bistoury cannot be used for this, a short bladed thick knife, set at an angle to the handle and sharpened on both edges is used.

When the edges are split and the bladder wall set free the bladder is sewed up separately with a row of buried silk or catgut sutures, uniting the muscularis alone and turning the vesical edges into the bladder cavity. The vaginal section is then united with a row of fine silkworm gut sutures which may be continued up into the peritoneal surface of the bladder, covering that part of the fistula which under

the previous methods was less likely to heal.

There must be no dead space left between this and the buried row of sutures. The silkworm sutures are cut off about 4 cm. from the knot. The fistula being now closed, the pack is withdrawn.

In order to get rid of the air in the peritoneum, the cavity is filled with normal salt solution, which displaces the air. When the patient is turned in the dorsal position all the water escapes. A little suturing at each angle and a drain of washed out iodoform gauze in the middle completes the operation and the dressing. It is best to keep the catheter in the urethra from seven to nine days following the operation.

Diseases of the Genito-Urinary System.

Conducted by Donald Kennedy, M. D.

THE USE OF THE CAUTERY ON THE PROSTATE THROUGH A PERINEAL OPENING.

William N. Wishard, M. D., in the Journal of Cutaneous and Genito-Urinary Diseases for June, 1902, believes that when the cautery is to be used on the prostate, it should be done under direct vision. To accomplish this, he makes a perineal section and, with a specially devised instrument which is a combined speculum and cystoscope, the obstruction is brought under direct observation and the cautery applied as is necessary. He holds that our present methods of diagnosis are inadequate; the use of the ordinary cystoscope is unsatisfactory and the relation of the prostatic outgrowth to the disturbed urinary function can only be revealed by digital and ocular examination.

He who has had much experience in the treatment of prostatic hypertrophy, must have been impressed by the fact that we possess no certain methods of diagnosing introvesical conditions. Rectal palpation of the prostate is of little practical value, as the intravesical portion may be enormously enlarged, while the rectal side is apparently normal. Catheterization will reveal elongation of the urethra, which is evidence of prostatic hypertrophy, but the precise condition cannot be determined by it. The cystoscope cannot be introduced in all cases, so that it is not always to be relied upon. Before beginning an operation, the operator does not and cannot know what variety of hypertrophy or complication he will meet. It may be that the obstruction is due to the enlargement of one or both lateral lobes, a sessile or pedunculated middle lobe, or to multiple adenomata. Sometimes stone is present in the post prostatic cul de sac or encysted in the bladder wall, and cannot be detected by the

It would seem that usual methods. these uncertainties would render the Bottini operation inadvisable. To the uninitiated the operation appears to be a simple one, but Freudenburg lost a patient by penetrating the bladder wall and Bangs reports a death from sepsis following perforation of the posterior urethra. These men are acknowledged experts and are operators of vast experience. If they meet with some accidents, can it be considered a simple and harmless operation? It seems to the reviewer that to-day we must choose either enucleation or Wishard's oper-By these methods we can, by digital examination and direct observation find "where we are at" and do precise work.

The perineal section adds little or nothing to the gravity of the operation but renders an unsurgical procedure scientific and exact. We look to see this operation relegate the Freudenberg-Bottini method to a merited oblivion.

OPERATION FOR AZOOSPERMIA.

At a recent meeting of the New York Academy of Medicine, Martin, of Philadelphia, read a paper on Azoospermia and presented an operation for the relief of azoospermia due to obliterating epididymitis. It was shown that such obliteration usually occurs in the tail of the epididymis. It was further shown by a series of microscopic laboratory studies that well-formed,

motile, spermatazoa could be found from the vasa afferentia and from the upper part of the epididymis of dogs, sheep, rabbits and bulls. A study of the spermatoza taken from a human testicle demonstrated that they underwent certain changes during the passage from the epididymis, that even in its upper part, or from the vasa recta, many of the spermatazoa were apparently well formed. Three dogs were operated upon by dividing the vas and attaching its upper end to an opening made in the head of the epididymis. The emissions of these dogs, which occurred days or weeks afterwards, were swarming with motile spermatozoa. A man who suffered from azoospermia, as a result of a double gonorrheal epididymitis, was then operated upon. The vas was split, and one side of this opening was sutured to the borders of the wound made in the head of the epididymis. From this latter wound motile spermatozoa were obtained. second emission following this operation two weeks later was found to be full of motile spermatozoa, though the microscopic examination was not conducted until twelve hours after the emission.

The operation is safe, though somewhat tedious; and for reasons set forth at length in the paper seems to promise complete, permanent cure for a condition which is, at times, responsible for unhappy married life.

As a result of the war against tuberculosis, the Atlantic steamship com-

panies are refusing to accept invalids suffering from that disease.

SOCIETY REPORTS.

Colorodo State Medical Saciety.

(This report appears in no other medical journal.)

The thirty-second annual convention of the Colorado State Medical Society was held in the Grand Hotel, Pueblo, Colo., June 24, 25 and 26, 1902.

FIRST DAY, TUESDAY, JUNE 24, 1902.

Morning Session.

The society was called to order at 10 o'clock a. m. by the president, R. W. Corwin of Pueblo.

The Rev. Dr. Patchell delivered the invocation.

The president then introduced the mayor, J. E. Riser, who welcomed the society as follows:

Mr. President and Members of Colorado State Medical Society: Pueblo bids you a most hearty welcome to her midst. When I was asked to express, on behalf of the city, this welcome, I accepted on condition that you would excuse me · from making a speech. I was told that that was the only condition under which I would be asked to appear at this time. So that this invitation was not accepted in the spirit of the country lad who rushed in to his mother and said, "Mother, I have just set the old brindle hen on two dozen eggs." His mother said, "Son, you don't expect that hen to hatch two dozen eggs, do you?" "No," said the lad, "but I just want to see the darned old thing spread herself." It is not in any sense of spreading myself that I appear here to extend a few words of welcome to you.

Pueblo has had occasion recently to welcome a number of bodies to her midst, but I assure you that in no instance have we more heartily and sincerely extended a welcome than we do now to the members of the Colorado State Medical Society. We welcome you, in the first place, as physicians, who mend or end us. You need not expect because you are gathered here in numbers that any particular citizen will call upon more than one of you at a time. They have been instructed not to do so. We desire our population to increase. In anticipation of your presence I have sent the following premonition to every citizen:

"See, one physician like a sculler plies,

The patient lingers and by inches dies:

But two physicians, like a pair of oars.

Waft him more swiftly to the Stygian shores."

We welcome you as the most happy of all men. "Whatever of good you accomplish the world proclaimeth; whatever faults you commit the earth covereth." We welcome you as the members of a profession whose science gives pledges to our hope; though the other side of the case is not always so hopeful to the physician.

"Is there no hope?" the sick man said.

The silent doctor shook his head, He took his leave, with sighs of sorrow,

Despairing of his fees to-morrow."

We welcome you, gentlemen, a little more seriously, as the members of the noblest profession on earth. You are engaged not only in worthy efforts to alleviate the pain and suffering of your fellow mortals, but when called upon, and you often are, you even minister to minds diseased and pluck from their hearts the root of sorrow. We are glad to have you among us because we recognize in you not only the worthy laborers in a noble profession, but leaders in educational work, in all efforts at moral reform, and, in fact, in all branches that pertain to the upbuilding and the progress of a community in which you may reside.

I see that you have a program that is extensive and important; many valuable subjects are to be discussed, important subjects indeed, and I trust that you, during your deliberations, may receive all the benefit posible from this discussion and deliberation, and may we as citizens and possible patients thereby escape the ills we know not of.

With more confidence perhaps than I have felt upon a former occasion, I desire to extend to the members of the State Medical Society of

Colorado the keys of the City of Pu-(Applause.) I say "with more confidence" because I don't believe that in any body of men is more confidence reposed than in our physicians, whether as the friend of the family or as the conservative business man or as our consulting physician. In time of sickness the sweetest and the most implicit confidence is reposed in our physician, and I want to say for the credit and to the honor of the profession that I do not believe, with the very rarest exceptions, that this confidence has ever been misplaced. We are glad indeed to have you in our midst. welcome vou to all we have. I desire in connection with this key to give you the "open sesame" to everything in Pueblo, for there is nothing too good for our doctors. I desire to say that while this key opens inward it also opens out. I do not know that any members of this organization will get in any tight place from which they will need to be rescued, but in the event there should be any pitfalls or guileful spells to inveigle the unwary sense or faltering steps, the key will lead you safely out thereof.

Gentlemen, I again welcome you to Pueblo and trust that your deliberations will result in good not only to yourselves but to the state in which you are honored citizens. Once more I welcome you and present you the keys of the city. (Applause.)

On motion the minutes of the previous session as they appeared in the published transactions were adopted but not read.

A motion was offered that the program as prepared by the executive committee be adopted as a guide for the society's work. This was amended so that the papers of Dr. C. D. Spivak, entitled "Gastric Hypermobility as Differentiated from Pyloric Incontinence and Peristaltic Restlessness," and of Dr. S. D. Van Meter, entitled "Medical Legislation," and of Dr. H. W. McLauthlin on "Vaccination and Tetanus," be included in the program, was so adopted.

The executive committee offered the program as its report.

Dr. Blaine submitted the report of the publication committee, which was adopted.

The reports of the committees on finance and ethics were deferred, their members not being present.

Dr. W. P. Munn presented the report of the committee on by-laws. On motion only the proposed changes in the by-laws were read. Dr. Sol Kahn moved that they be printed and the time set for action upon them. Dr. Work moved to amend the motion so as to read that the changes be read again tomorrow morning the last thing before adjourning at noon and again the day following the last thing before adjournment at noon, and immediately after reconvening of the society Thursday at noon the matter be taken up for consideration and voting. The amendment was accepted and the motion carried.

The report of the committee on sanitation was passed over on account of the sickness of Dr. Tyler, and the secretary was instructed to express the society's regrets to Dr. Tyler.

Dr. Maurice Kahn presented the report of the committee on necrology.

The chairmen of the committees on legislation and literature being absent, their reports were deferred.

Dr. Munn reported for Dr. Sewall, chairman of the committee on tuber-culosis in Colorado, the latter being out of the state, that that committee had nothing but a rough draft of its work to report and that it must necessarily be in the nature of a minority report, it having been submitted to only four members of the committee, who, however, all agreed to it. On motion the report was read.

Dr. W. T. H. Baker presented the report of the committee on medical societies. On motion the thanks of the society were extended to the committee, it being the best report on societies presented in several years.

The report of the corresponding secretary was presented by Dr. Blaine. On motion the reading of the names dropped for nonpayment of dues was dispensed with.

Dr. Blaine read the following letter and resolutions from Dr. Kyger of Kansas City:

Dr. J. M. Blaine, Denver:

DEAR DOCTOR—The resolutions accompanying this letter explain themselves. They were unanimously adopted by the Kansas City Academy of Medicine, and it is earnestly expected you will bring these resolutions before your state society for their adoption and that you will then forward a pe-

tition to the American Medical Association and the postmaster general in order that agitation may be commenced towards abolishing vile and indecent advertisements from newspapers.

> Yours respectfully, John W. Kyger, M. D.

"THE KYGER RESOLUTIONS FOR THE ABOLITION OF THE NEWSPAPER PUBLICATION OF PERSONAL MEDICAL ADVERTISEMENTS.

"In a paper read by Dr. J. W. Kyger before the Kansas City Academy of Medicine on 'The Decadence of the American Race,' it was deemed of sufficient importance to appoint a committee to draft resolutions expressing the feeling of the regular medical profession in regard to the abatement of one of the causes of this condition, and also asking for the co-operation of the profession throughout the United States.

"WHEREAS, It can and has been shown, by ample statistics, that the American race is rapidly decreasing in its birth rate, thereby threatening ultimate and complete decadence of the race; and,

"WHEREAS, Such decadence has become so apparent that it should claim the serious attention of those of influence and power to in any degree lessen this evil; and,

"WHEREAS, Without a special effort to investigate, it must have been observed by the most indifferent with what flagrant violation of all sense of delicacy the public press gives place to advertisements of nostrums and means intended to prevent or cut short pregnancy; these advertisements appearing in a column of the paper set apart for such purpose under the name of 'Personal Medical Advertisements,' and referred to as 'Guarantees,' 'Sure Relief,' 'Sure Prevention,' etc., occupying in some Sunday editions of reputable papers as much as two columns destined to fall into the hands of all classes; and,

"WHEREAS, We recognize the press as a most potent factor in the education of the masses; be it

"Resolved, By the Academy of Medicine of Kansas City, Mo., that we respectfully recommend that a censorship over the public press should be exercised to the end of correcting such practice of publishing advertisements as those referred to in our whereases. Be it further

"Resolved, That it should be deemed of sufficient moment for the attention of the postoffice department of the United States of America restricting or prohibiting the distribution of such papers, periodicals or magazines through the United States mail if they continue to so prostitute their columns with such matter. And be it further

"Resolved, That a copy of these resolutions be sent every state medical association in the United States urging their co-operation in this movement by the adoption of these resolutions.

"Resolved, That we request the secretary of every state medical association adopting these resolutions to forward two copies, one to the American Medical Association and the other to the postmaster general petitioning for

relief from this destructive influence. "JOHN W. KYGER, M. D., "H. C. CROWELL, M. D.,

"B. H. ZWART, M. D.,

"Committee."

On motion the communication and resolutions were received and ordered published in the proceedings.

Dr. Blaine read the treasurer's report, he being absent. On motion the report was referred to the finance committee for auditing.

On motion the reading of papers was limited to fifteen minutes and discussions to five minutes.

Dr. T. J. Forhan of Trinidad read a paper on "Eruptive Fevers."

Dr. Hotopp read a paper on "The Great Needs of the General Practitioner," by Dr. L. A. Robinson of Glenwood Springs, Dr. Robinson not being able to be present.

Dr. Munn, chairman of the committee on by-laws, read in full the proposed sections on regulating the election of officers of the society which he had omitted in his former report.

Dr. W. F. Singer of Pueblo read his paper on "Puerperal Sepsis." This was discussed by Drs. Love, McHugh, Sol Kahn and Maurice Kahn, and the discussion closed by Dr. Singer.

On motion the society adjourned until 1:30 p. m.

Afternoon Session.

The first paper read was by Dr. Maurice Kahn on "Pulse and Respiration at an Elevation of 10,200 Feet."

This was discussed by Drs. Collins,

*Published on page 287.

Forhan, Sol Kahn, Cattermole and Boyd.

On motion the selection of the nominating committee was made the special order of business for 11 o'clock on Wednesday.

Dr. S. D. Hopkins of Denver read a paper on "Amnesia," with report of a case.

Dr. S. D. Van Meter of Denver presented his paper on "Medical Legislation and Registration."* This was discussed by Drs. Freeman and Van Meter.

Dr. W. R. Whitehead of Denver then read his paper entitled "A Contribution to the Surgical Literature of the Colorado State Medical Society." On motion the time limit was removed and he was given time to read his full paper. On motion the thanks of the society were extended to Dr. White-

The president, Dr. Corwin, reported that he had received the following telegram:

"Dr. Corwin, care of the Colorado State Medical Society-Getting well slowly. Hope you will have a successful meeting.

"Dr. G. E. Tyler."

He also reported that he had sent the following reply:

"Dr. G. E. Tyler, Denver, Colo.-The society is delighted to learn you are improving but regrets you are unable to be with us. With best R. W. Corwin." wishes.

Dr. C. V. Marmaduke read Dr. W.



G. Lockhard's paper entitled "Relapsing Septicæmia," Dr. Lockhard not being able to be present.

On motion, the thanks of the society were extended to Drs. E. C. Rivers, Thomas H. Hawkins, Leonard Freeman and Henry Sewall, they having been especially instrumental in securing the union of the two Denver medical colleges.

The society then adjourned to meet Wednesday morning at 9:30 o'clock.

SECOND DAY, WEDNESDAY, JUNE 25, 1902.

Morning Session.

The society was called to order by the president at 9:50 a. m.

Dr. E. J. A. Rogers reported for the committee on ethics that but one complaint had been made which had not been withdrawn, and the committee recommended no action be taken by the society in that case. The report of the committee was adopted and the committee instructed to draft such resolutions as it might deem best and proper to be presented during the meeting.

On motion, Drs. Boyd of Leadville, McHugh of Fort Collins, Hopkins of Denver, Chipman of Sterling and Freeman of Denver were named as the nominating committee.

The president reported the reception of the following telegram:

"Best wishes for a successful meeting. Regret my inability to attend.
"Charles A. Powers."

Dr. H. T. Pershing of Denver read a paper on "Mental Therapeutics." By unanimous consent he was granted the necessary additional time to complete the reading of his paper. It was discussed by Drs. Whitehead, Work, Rogers, Oettinger, Stoddard, Godsman, Schenk, Van Meter and Love, and the discussion closed by Dr. Pershing.

Dr. J. M. Blaine of Denver read a paper on "Uncertain Therapeutics."

Dr. Minnie C. T. Love of Denver read a paper on "The Lying-In Chamber." This was discussed by Dr. Stoddard.

On motion it was decided that the afternoon session be adjourned sufficiently early to enable the members of the society to visit the hospital of the Colorado Fuel and Iron Company at 5 o'clock.

Dr. W. W. Grant of Denver presented a paper on "Fracture of the Femoral Neck." This was discussed by Drs. Freeman, Rogers and Grant.

Dr. Edward Jackson of Denver read a paper on "Some Aspects of Hemianopsia." It was discussed by Dr. Pershing and the discussion closed by Dr. Jackson.

Dr. H. S. Olney read a paper on "Household Hygiene."

Dr. I. B. Perkins of Denver read a paper on "Cancer of the Uterus, Its Cause and Cure."

In accordance with the motion of the previous day the secretary read the changes proposed in the constitution and by-laws.

The society then adjourned until 1:30 p. m.

Afternoon Session.

The society was called to order at 2 o'clock by the president.

The secretary read some verses which

had been sent in.

Dr. Rogers reported for the committee on medical ethics the following resolution which it had drawn up in compliance with the instructions given at the morning session:

"Resolved, That the State Medical Society of Colorado deplores the growing tendency to irresponsible advertising through the discussion of medical cases in the public press, and that it urges each of its members to prevent as far as possiblbe newspaper references to himself in connection with his cases, and that the committee on ethics be instructed to take cognizance of all violations of the spirit of this resolution."

On motion the resolution was adopted.

Dr. Forhan was then called to the chair and the society listened to the president's address.

Dr. S. E. Solly of Colorado Springs then spoke on the subject, "State Journal." This was discussed by Drs. Rogers, Jackson, Spivak and Work. A motion was then offered and carried to reconsider the motion of the previous day providing for the vote upon the constitution and by-laws after the reading of the next paper.

Dr. W. W. Grant was then called to the chair.

"Practical Sanitation; a Symposium." A paper upon this subject was read by Prof. J. F. Keating of Pueblo. It was discussed by Drs. Forhan, Work, I. B. Perkins, Godsman, King, Espey, Olney, Singer, Corwin, Collins and Spivak, and the discussion closed by Prof. Keating. On motion

the paper was referred to the committee on publication.

The report of the committee on constitution and by-laws was then brought before the society. Upon the request of the chair the secretary read the remarks of the chairman of the committee in presenting the report on the previous day.

It was moved and seconded that the report be adopted as presented. An amendment was offered and seconded that the constitution, together with the amendments reported by the committee, except those relating to the dues and the publication of the transactions, be adopted, the latter two to be discussed separately by the society. A substitute motion for the pending motions to the effect that the report of the committee, with the exception of that part relating to the annual dues and the publication of the transactions, be adopted, was carried.

A motion that the recommendation of the committee with reference to dues be adopted, was carried.

A motion that the transactions be published as they have been heretofore was carried.

A motion that a committee of five be appointed by the incoming president to investigate the matter of establishing a state journal, to consider propositions from established journals in which to publish the proceedings, the advisability of publishing the transactions in a journal, and report some definite recommendation at its next annual meeting, was carried.

The society then adjourned until the next day at 9:30 o'clock.

THIRD DAY, THURSDAY, JUNE 26, 1902.

Morning Session.

The society was called to order at 9:50 by the president.

Dr. Blaine presented a communication and resolution from Dr. Mac Donald of Washington, D. C., which was adopted, as follows:

WASHINGTON, D. C., May 29, 1902.

J. M. Blaine, M. D., Secretary Colorado State Medical Society:

My Dear Sir—Will you kindly bring the following (or some similar) resolution before your medical society at its coming meeting:

"Resolved, That we are in favor of establishing at Washington a laboratory for the study of the criminal, pauper, and defective classes, it being understood that such investigation is a development of work already begun under the federal government. That such study shall include the collection of sociological and pathological data in hospitals, schools, and other institutions; that especially the causes of social evils shall be sought out with a view to ameliorating or preventing them."

Enclosures indicate medical and scientific support of work. Thanking you for anything you can do, I am

Very faithfully,

ARTHUR MAC DONALD.

Dr. P. J. McHugh, chairman of the committee on nominations, presented its report, which was received and accepted.

On motion the election of officers was made the special order of business for 3 p. m.

On motion a committee of five was

appointed to select and report to the society the names of ten members to be balloted for, for board of councillors. The president appointed on that committee Drs. Freeman, Forhan, Sol Kahn, Hopkins and Bennett.

The majority of the committee on admissions not being present, the president appointed Drs. H. A. Black and Edward Jackson to act thereon.

Dr. C. K. Fleming, delegate to the American Medical Association, presented his report, which was adopted.

Dr. Edward Jackson presented the report of the committee on literature, which on motion was received and adopted and the committee discharged.

Dr. W. W. Grant was then called to the chair.

Dr. F. H. McNaught of Denver read a paper on "Emergency Surgery." This was discussed by Drs. Freeman, Grant, Burns, Davidson, Finney Miel, Cattermole and Van Meter.

Dr. Leonard Freeman of Denver presented a paper on "Treatment of Tubercular Glands of the Neck." It was discussed by Drs. Finney, Corwin, Melville Black McHugh, Singer, Mayhew and Spivak, and the discussion closed by Dr. Freeman.

Dr. H. G. Wetherill of Denver read a paper entitled "Eight Coincident Cases of Ectopic Pregnancy." It was discussed by Dr. Burns.

Dr. J. E. Courtney of Denver read a paper entitled "Nervous and Mental Phenomena of Arterio-Capillary Fibrosis and Atheroma."

Dr. C. L. Wheaton of Denver read a paper entitled "Etiology of Uterine and Pelvic Disease."

Dr. P. J. McHugh was called to the

Dr. George H. Stover of Denver presented a paper on "Therapeutic Application of the X-Ray." It was discussed by Dr. Blaine and the discussion closed by Dr. Stover.

Dr. George H. Cattermole of Boulder read his paper on "Scarlet Fever and Other Contagious Diseases in Public Schools." It was discussed by Dr. Burns.

The society then adjourned until 1:30 p. m.

Afternoon Session.

The society was called to order by Dr. P. J. McHugh.

The committee appointed to select ten members to be voted upon for councillors reported as follows:

To serve for one year, Robert Levy of Denver and W. A. Campbell of Colorado Springs.

To serve for two years, R. F. Graham of Greeley and T. J. Forhan of Trinidad.

To serve for three years, H. R. Bull of Grand Junction and Sol Kahn of Leadville.

To serve for four years, P. J. Mc-Hugh of Fort Collins and E. J. A. Rogers of Denver.

To serve for five years, J. N. Hall of Denver and Hubert Work of Pueblo. The report was adopted.

The committee on admissions presented a report which was adopted.

Dr. B. Oettinger of Denver read a paper entitled, "Delusions, Sane and Insane." It was discussed by Drs. Courtney and Hopkins and the discussion closed by Dr. Oettinger.

Dr. Moses Collins of Denver presented a paper on "Some Observations on the Tuberculin Test."

The next paper was by Dr. S. D. Van Meter of Denver, entitled "Report of Some Interesting Cases."

Dr. W. L. Dorland of Pueblo read a paper entitled "Surgery of the Extremities." It was discussed by Drs. Finney, Stover, Miel and Whitehead.

The last paper read was entitled "Surgical Care of Insane Women," by Dr. Arthur McGugan of Denver. It was discussed by Dr. Hopkins.

It was moved and carried that all papers which had been passed over and which are here be read by title and published in the proceedings.

The committee on admissions presented the list of names with a favorable report for their application for membership. The society proceeded to ballot, Drs. Sol Kahn and Work being appointed tellers. It was reported that all applicants reported favorably were elected to membership.

It was moved and seconded that the delegate to the American Medical Association be paid his railroad fare, not to include his Pullman fare, said motion to apply also to the delegate to the last meeting of the American Medical Association. An amendment was offered to include the Pullman fare. This was accepted and the motion as amended carried.

On motion the board of councillors was requested to suggest to the legislative committee some means whereby the expenses of said committee might be secured by appointment of some committee and to expend these funds.

The society then proceeded to the election of officers.

Drs. Van Meter and Hill both withdrew their names as candidates for president. On motion the secretary cast the ballot of the society for Dr. W. W. Grant, the only other nominee, and he was unanimously elected president. He made the following remarks:

"Dr. Corwin, as usual, is extremely modest because he knows that no one could possibly fill this office with more tact and judgment and skill than he has during the past year, and we know that no one could do more for the advancement and unity of our profession. If I can fill, in your esteem and regard, the place that he has so honorably occupied I shall be content. In thanking you most sincerely for honoring me with the highest office in your gift or power, I appreciate its responsibilities and its duties to a degree that I have no words to adequately express. I ask your earnest co-operation during the ensuing year that we may carry on our state association in the spirit and in the example set by the national association. With the consolidation of professional and college interests in this state, I am sure that I can appeal to you all regardless of politics, regardless of school, regardless of sect. I can ask and appeal to you all successfully as men who are interested in the common interest of our profession to stand by me in every effort to promote its best interests and welfare. I thank you, gentlemen, most heartily.

There being but three nominees for vice president and three vice presidents to be elected, on motion the secretary of the society cast the ballot of the society for Dr. Sol Kahn of Leadville for first vice president, Dr. H. A. Black of Pueblo for second vice president and Dr. T. J. Forhan of Trinidad for third vice president.

Dr. Stover withdrew his name as candidate for corresponding secretary in favor of Dr. Blaine. On motion the secretary cast the ballot of the society for Dr. James H. Blaine.

On motion the president cast the ballot of the society for Dr. Minnie C. T. Love of Denver for recording secretary and Dr. George F. Libby of Colorado Springs for assistant recording secretary, they being the only nominees.

On motion the secretary cast the ballot of the society for Dr. Wm. J. Rothwell of Denver for treasurer, he being the only nominee.

On motion the secretary cast the ballot of the society for Dr. Wm. P. Munn of Denver to fill the vacancy in the board of trustees.

On motion Drs. J. C. Chapman of Sterling, J. W. Kline of Florence, U. D. McDowell of Longmont, C. A. Powers of Denver and F. R. Coffman of Minturn were elected committee on admissions by acclamation.

On motion the secretary cast the ballot of the society for the members reported by the special committee for board of councillors.

On motion the thanks of the society were extended to the retiring president, Dr. Corwin, Dr. Hubert Work and the executive committee for the much appreciated social features as well as for the wise business management which made this meeting so successful.

On motion three cheers were given for the executive committee.

On motion the key presented to the society by the mayor was presented to Dr. Corwin.

The auditing committee not having reported on the treasurer's accounts the report of the treasurer was referred to the council on motion.

A vote of thanks was extended to the proprietor of the Grand Hotel for the use of the rooms.

A vote of thanks was extended to the Pueblo Distilled Water Company for the water furnished during the session.

A vote of thanks by rising was tendered to Dr. Busey for courtesies extended while at the insane asylum.

On motion the society adjourned to meet at such time and place as might be selected by the board of councillors.

The Physicians' Business League of Teller County.

(This report appears in no other medical journal.)

The Physicians' Business League of Teller county met Tuesday, June 3, 1902, in the office of Dr. Deemer in Victor.

After the usual formalities were finished, Dr. Davison, president of the society, stated that he expected to leave the locality quite soon and therefore tendered his resignation as president to take effect at the following meeting. On motion the resignation was accepted and a vote of thanks given Dr. Davison by the society for the careful manner in which he had attended its interests.

The election of president was then declared in order. Dr. W. F. Driscoll was elected to serve during the unexpired term.

The committee appointed to collect the special assessments for the purpose of joining the Retail Credit Men's Association reported progress, and were given further time. It was proposed to change the time of meeting, and the matter was laid over until the next meeting, as required by the constitution.

The meeting then adjourned.

The Physicians' Business League of Teller county met in the office of Dr. Pennock in Cripple Creek, June 17, 1902, President Driscoll in the chair.

The president spoke on the subject of changing the time of meeting. On motion it was decided that hereafter the meetings should be held on the second Monday after the first Tuesday in each month.

Dr. Pennock reported for the committee on collecting special assessment that Secretary Clark of the Retail Credit Men's Association had provided three copies of their reference book for the use of the league; also that \$96 had been collected and turned over to Secretay Clark. The report was accepted and the committee continued.

Dr. Dunwoody spoke of the attachment and garnishment laws of the state and of the need of change in them, as under the present laws it is almost impossible to enforce collection of a bill from any wage-earner. He also read a communication from Attorney Eli Cann relating to the subject. After a discussion of the matter it was moved and seconded that the chair appoint a committee to confer with the Retail Credit Men's Associ-

ation with reference to formulating a plan for obtaining legislation amending the attachment and garnishment laws. The motion was carried. The chair announced that he would inform the members of the committee of their appointment later.

The president appointed custodians of the reference books in different towns of the district.

The meeting then adjourned.

NEWS ITEMS.

We noted in our last number the attempt of Harry R. Smith and Walter E. Nauman, to compel the Colorado College of Dental Surgery to issue them diplomas, notwithstanding the fact that they had not matriculated sufficiently early to have their time counted as full. Judge Malone, of the District Court in Denver, sustained the demurrer to their complaint and refused to mandamus the faculty. His remarks are highly commendable. He said: "I have no sympathy with politicians who attempt to run educational institutions. Though it is not germane at present, I cannot help referring to a recent case in an educational institution in this state, formerly of high standard, where the students made an attempt to overrun the faculty, and appealed to the decision of the politicians, who were no more fit to run educational institutions than a mud-clerk in a stern-wheel tanvard. I think that taking the decision in educational matters away from a

college is detrimental to the cause of education. While I sympathize with the young men. I do not think their showing is sufficiently strong to warrant my laying on my hands to settle it, as they pray." It is a pity that the efforts of educational institutions to maintain a higher standard do not meet with more supporters of Judge Malone's stamina.

The Colorado Maternity and Children's Hospital, founded in 1896, has been closed. The trustees were unable to secure funds to enlarge the institution and did not think it best to continue it as it was. Thus another worthy charity has failed for lack of financial support.

Dr. Claude E. Cooper has been appointed a member of the State Board of Health by Governor Orman, to fill the place of George E. Tyler, whose death made the vacancy.

At the examination of the State Board of Pharmacy, held June 7, there were fifty applicants, including one woman, the first of her sex to make the break in that field in Colorado.

The following passed as registered pharmacists:

From Denver—Bruno Batt, James B. Cannon, Miss V. Douglass, Edward Eberhardt, G. D. Fairbanks, William H. Fulling, James T. Jones, Albert Kraft, J. Victor Lagosse, O. B. Lewark, Fred A. O'Connor, Mathew W. W. Reitz, M. A. Spangelberger, E. H. Smith, Arthur Willetts and George Young.

Colorado Springs—F. W. Frewert, C. E. Plau, H. F. Puthoff, D. E. Wood. Pueblo—E. L. Frick, C. F. Horn, J. M. Lyons, A. B. Tipple. Glenwood Springs—J. H. Bear. Boulder—C. H. Blezek. Aspen— W.K. Hansen. Telluride—H. F. Hart. Fort Morgan—H. J. Lytle and Osfort Collins—H. W. Stuver. Idaho Springs—F. C. Vinsonhaler.

car J. Stumpf.

The following gem, taken from the editorial pages of the Denver Evening Post, is worthy of a position in our best humorous scrap-books: "A most extraordinary surgical operation was performed in New York yesterday upon the Rev. W. A. Clark. The man's head was opened and his brain removed, in order that certain nerves might be destroyed. The brain was put back, and it is stated the 'patient is doing well.' Not long ago a man's heart was successfully removed from

one part of his body to the correct position, and in another case a woman's liver was taken from her person, dressed up and put back in its place. We always hear that the patients are 'doing well,' but as a rule, a day or two following, they are read. Still, medical jurisprudence declares that these heroic operations are advantageous and always apparently successful."

It is also proposed to secure for Colorado Springs a national sanitarium projected by the Swedish people of America. Prominent Colorado Springs individuals are putting forth efforts in that direction.

Goat milk, as a remedy for consumption, will shortly be placed upon the market, if the plans of Dr. O. G. Place of Boulder can be carried out. He has applied to the Boulder City Council for the use of Mountain Park for the purpose of propagating and feeding Angora and other goats.

Dr. Samuel A. Fiske of Denver was elected vice president of the American Climatological Association at its recent meeting in Los Angeles, Cal.

It is reported that Dr. J. W. Anderson of Cripple Creek has secured some valuable claims in Thunder mountain. We trust that wealth will come to him.

Buffalo requires barbers to sterilize the razor, to use a clean towel and alum, and to wash their hands for each customer shaved. What about the razor straps? The Santa Fe Railroad has offered the hotel at Albuquerque to the Seventh Day Adventists, they to establish a sanitarium to be operated on the same plan as that recently burnt at Battle Creek. Inasmuch as the Seventh Day Adventists have one of the best organized advertising bureaus (every nurse and colporteur connected with their sect being a walking advertisement for their institutions), they will undoubtedly make a success of the institution if they take hold of it.

At Lead, S. D., compulsory vaccination has been brought in operation very vigorously. It seems that a number of cases of small-pox had been discovered in some of the saloons. The County Board of Health, together with the sheriff and a number of deputies, unexpectedly raided the saloons and caught about 150 persons and gave them their choice of being vaccinated, if a successful vaccination had not been had within the last two years, or going to jail. They concluded to accept the first alternative.

The Christian Scientists are pushing their resistance to local authority constantly a little further. May 10 they prevented a coroner's inquest at Omaha, declaring that the coroner would have to break into the house in which the corpse of the person who had died under Christian Science healing was located in order to hold the inquest. The coroner decided to let the matter go without taking any official notice.

The Medical Society of the Missouri

Valley held its semi-annual meeting at Lincoln, Neb., March 20. The attendance was large and gratifying. Dr. Richard C. Moore of Omaha presided. Three sessions were held and a number of interesting papers read.

The Medical Herald was again made the organ of the society. After the evening session the members attended a banquet at the Lindell hotel.

The next meeting will be held at Sioux City, Iowa, September 18, 1902.

The three medical schools in the city of Nashville recently graduated sixty-seven students in all. This overtops by three only the number of graduates just sent forth from the Keokuk (Iowa) College of Physicians and Surgeons. The Barnes Medical College of St. Louis has just graduated a class of seventy-nine, and the St. Louis College of Physicians and Surgeons a class of fifty.

There are 278 cases of leprosy in the United States, 176 males and 102 females. Louisiana has 155 cases; California, 24; Minnesota, 20; North Dakota, 16. One hundred and eighty-six cases are supposed to have been contracted in the United States.

The New York legislature has appropriated \$15,000 to promote research for the best methods of treating cancer. The investigation will be conducted at the Gratwick Laboratory, Buffalo.

Dr. Minnie C. T. Love of Denver has removed her office from the Nevada building to the Majestic building.

Since the discovery that rats and mosquitoes are the transmitters of the plague, yellow fever, malaria, etc., a war of extermination against those pests has been instituted in various parts of the world. The German Empire has begun a war on rats; and in the Philippines the rat has had the law turned against him with a view to his utter destruction. The legislature of New Jersey has voted \$10,000 against the mosquito and soon the tales long believed about the Jersey mosquito, having at last become incapable of verification, may soon come to be regarded as mere myth and fiction.

The Louisville National Medical College (colored) recently graduated five male and two female students, conferring upon them the degree of doctor of medicine and surgery.

The Medical Department of the University of Michigan will conduct a summer session from the 23rd of June to the 8th of August. Courses are announced in thirteen different subjects.

Osteopathy is legalized and its practice is regulated by law in the following states: California, Connecticut, Indiana, Iowa, Kansas, Michigan, Missouri, Montana, Nebraska, North Dakota, Ohio, South Dakota, Tennessee, Vermont and Wisconsin.

The University of Pennsylvania has established a spring medical school for the instruction of graduates in medicine. Nearly all branches of medicine and surgery will be taught.

Recently, in the Prussian Diet, the minister of public instruction stated that the government failed to see that there was any universal need for so-called academic studies for girls, and would therefore adhere to its former decision that they should be admitted to the universities only as guests.

Dr. J. W. Gibbs of New York City was bitten by a patient in uremic convulsions. The wound was immediately sucked and cauterized but the adjacent parts soon showed signs of septic infection.

It is reported at Blue Springs, Mo.. some divine healers concealed the death of Mrs. Nannie Ashley for three days, while they tried to pray her to life again. Mrs. Ashley is said to have died without medical attendance and while under the care of the divine healers.

A man of Granger, Tex., recently died of apoplexy. A post-mortem examination revealed the spring of a clothes-pin imbedded in his right lung, which was greatly shrunken. The spring had been sucked into the trachea thirty-one years ago, producing symptoms of phthisis pulmonalis.

In the cigar factories in Cuba a "reader" is employed to read newspapers, novels, etc., to those at work. The health commission established under the American regime recommended that works on public and individual hygiene be regularly read part of the time.

A new sanitarium, to cost \$50,000, is proposed for Canon City, Colo. The site has been selected at the entrance of the Royal Gorge, not far from the Hot Springs Hotel. According to the plans, the building is to be four stories in height and contain fifty rooms. It is

to be undenominational, unsectarian, charitable, and in no manner conducted for the financial profit of any one.

Dr. Frank Clough has accepted a position in the Homestake Hospital, in Lead, S. D.

BOOK REVIEWS.

HEMMETER. DISEASES OF THE IN-Their Special Pathology, TESTINES. Diagnosis and Treatment. With Sections on Anatomy and Physiology, Microscopic and Chemic Examination of the Intestinal Contents, Secretions, Feces and Urine. testinal Bacteria and Parasites: Surgery of the Intestines; Dietetics; Diseases of the Rectum, etc. BvJohn C. Hemmeter, M. D... D., Professor in the Medical Department of the University of Maryland; Consultant to the University and Director of the Clinical Laboratory. In Two Volumes. Volume 1: Physiology, Anatomy, Intestinal Bacteria, Methods of Diagnosis, Therapy and Materia Medica of Intestinal Diseases, Diarrhea, Constipation, Enteralgia and Enterodynia, Meteorism, Dystrypsia, Enteritis, Colitis, Dysentery, Intestinal Ulcers, Intestinal Neoplasms, etc. many original illustrations, some of which are in colors. Published by P. Blakiston's Son & Co., 1012 Walnut St., Philadelphia. 1901. Large Octavo, 740 pages. Price, \$5.00 per volume.

We have reviewed, only a short time

ago, in these columns, successively the first and second editions of Diseases of the Stomach by the same author. Now we are already called upon to review a monumental work of over 700 pages on the Diseases of the Intestines, which comprises only the first volume. rapidity with which Dr. Hemmeter issues work after work does not show. however, any traces of haste. one examines the orderliness of the chapters, the divisions and subdivision; the bewildering array of citations, quotations and references; the balancing of opinions of hundreds of observers and investigators; the tables, the illustrations, the register and the index; the faultless style and the flawless orthography, it becomes very evident that rapid working did not interfere with hard thinking, careful arrangement and good judgment.

The volume is divided into three parts. The first part deals with the anatomy, histology and physiology, absorption and peristalsis of the intestine; utilization of food, disturbances of secretory functions and intestinal bacteria; methods and technics of diagnosis, diagnostic significance of examination of feces and urine, diagnostic significance of

nificance of chemical and physical examination of the gastric functions for intestinal diseases, and duodenal intu-The second part is devoted to diet, therapy and materia medica of intestinal diseases. The third part, the "intestinal clinic," treats the subjects of diarrhea, constipation, intestinal colic, meteorism, intestinal indigestion, enteritis, dysentery, ulcers of the intestines and neoplasms. Take for instance Chapter XVIII on Intestinal Indigestion, the least understood section of the subject of intestinal derangements. We know so very little about the interaction of the intestinal and pancreatic juices and the bile, we have no means as yet by which we could examine the various secretions either separately or collectively. And yet the mere enumerations of the causes to which intestinal indigestion may be due opens up at once a way to correct diagnosis as well as a stimulus for further investigation. Hemmeter divides the causes as follows: Pathologico-anatomical alteration, disturbances of secretion, irregularities of diet, bacterial activity, abnormal gastric chemistry, neurasthenia, diseases of the blood, parasites and excessive motility. may not be able to point out directly the cause, for instance, in the disturbances of the secretions, yet by eliminating all the other causes we may indirectly arrive at the correct diagnosis. We note with approval his warning against the use of creosote in the treatment of intestinal disorders. We are delighted to see the word "rest" occur so often in fat type.

We certainly agree with the author

that instead of "intestinal dyspepsia" we should use the word "dystrypsia." We were amused, however, to find that habit is second nature, and that Hemmeter himself uses the words intestinal dyspepsia on the page following the one in which its use is deprecated.

Space does not permit us to point out all the good things in this volume. It is a book that reflects credit upon the author, his collaborators and publishers, and places the United States, as far as this subject is concerned, en par with Germany and France.

C. D. SPIVAK.

THE PRINCIPLES OF BACTERIOLOGY. A Practical Manual for Students and Physicians. By A. C. Abbott, M. D., Professor of Hygiene and Bacteriology, University of Pennsyl-Vania. New, sixth, edition, enlarged and thoroughly revised. With 111 illustrations of which 26 are colored. Cloth, \$2.75 net. Just ready. Lea Bros. & Co., Publishers, Philadelphia and New York.

It would seem scarcely necessary to call attention to this work, for already it has won for itself a reputation as a work specially adapted for students and for practitioners who desire a knowledge of the essentials of the subject of sufficient extent to be of value, and yet do not desire to have to wade through a work so prolix as to be repellant. The needs of this class of students and readers have been carefully kept in view and very satisfactorily met. This volume has been so thoroughly revised that it presents an epitome of the bacteriological advances,

which are not few, made up to the time of going to press.

The introductory chapter presents a short sketch of the development of the science. This is followed by a study of the general characteristics and classifications of bacteria. Then the principles of sterilization and disinfection are taken up. Following this is given a short but sufficiently comprehensive sketch of the technique of the culture and study of the special characteristics of bacteria, including the methods of procuring pure culture and of animal experimentation. This forms practically the first section of the book.

Following this comes a description the individual micro-organisms which, on account of their pathogenic properties, are of such interest to the physician. In this edition of the work will be found numerous additions to our knowledge obtained since the last Thus, there is a description edition. of the micro-organisms now recognized as the cause of epidemic cerebrospinal meningitis. To the chapters on the tubercle bacilli has been added a short summary of the acid resisting bacilli which have been recently discovered and are closely allied to the tubercle bacilli. There has also been added a review of the recent work on dysentery together with a description of the germ now supposed to be the cause of that disease. The chapter on infection and immunity has been so revised as to embody in it the results of the last few years of research along those lines. The methods of the bacteriological study of water and air, as well as those of testing disinfectants

and antiseptics are given the necessary attention to render them of value to the general practitioner as well as special students in bacteriology.

REPRESENTATIVE MEN OF COLORADO IN THE NINETEENTH CENTURY. A portrait gallery of many of the men who have been instrumental in the upbuilding of Colorado, including not only the pioneers, but others who, coming later, have added their quota, until the once territory is now the splendid state. The Rowell Art Publishing Company, Publishers, Denver. 1902.

This is a handsome volume of 272 pages and containing 1,087 portraits. It forms a truly valuable collection and its value must increase as time passes on and the inability to secure such a collection becomes felt. Of course we miss the faces of many men whom we might expect to find, and yet the limit of the work necessarily renders this unavoidable. It is really more surprising that the publishers have been able to assemble such a gallery of really representative men in all lines of work.

The book is an example of the highest type of its class. The portraits are remarkably good; the press work most excellent; the heavy plate paper is exceptionally adapted for the purpose; and the binding is a splendid example of the binder's art. It is in itself a good specimen of Colorado work. The edition was limited to 1,000 copies.

THE PRACTICAL MEDICINE SERIES OF YEAR BOOKS. Comprising ten volumes on the year's progress in medi-

cine and surgery. Issued monthly under the general editorial charge of Gustavus P. Head, M. D., Professor of Laryngology and Rhinology, Chicago Post-Graduate Medical School. Volume V. OBSTETRICS. Edited by Reuben Peterson, A. B., M. D., Professor of Obstetrics and Gynecology in the University of Michigan, and Henry F. Lewis, A. B., M. D., Instructor in Obstetrics and Gynecology in Rush Medical College. April, 1902. Price of the volume, \$1.25. Price of the series, \$7.50. The Year Book Publishers, 40 Dearborn St., Chicago, Ill.

This, the fifth volume of this series, does its share in maintaining the reputation of the entire work. While it does not pretend to have abstracted all the contributions and articles written on obstetrics during the present year, it gives a digest of the general scope of obstetrical work, and there is scarcely a subject in connection with the field covered in which some contribution of knowledge cannot be found presented in this volume.

The work is divided into four parts, as follows:

Part 1. Pregnancy.

Part 2. Labor.

Part 3. The Puerperium.

Part 4. Obstetric Surgery.

Of course the proper assignment of subjects in these divisions will occasionally call for some difference of opinion, but, as a rule, this division answers every practical process.

In Part 1 we notice first the comparatively slight amount of addition to

our knowledge of the physiology of pregnancy. Work in that direction seems to have been almost neglected. In contrast with this, the contributions to the subject of the pathology of pregnancy are numerous and important.

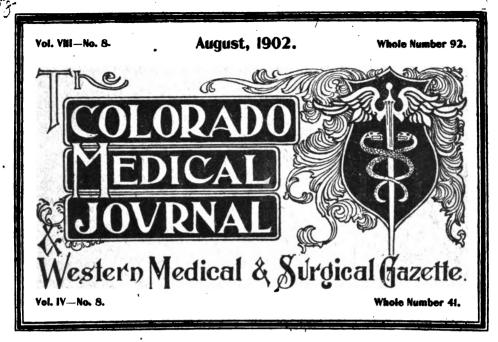
In Part 2, devoted to the subject of labor, we have likewise a comparatively. small amount of physiological advances, only three pages being devoted to the mechanism of labor. More attention is given to the subject of the management of labor. Pathology claims a suitable portion of the subdivision. During the previous year the subject of anesthesia has attracted a great deal of attention in all phases of practical medicine and surgery, and of course obstetrics has not escaped the interest in this subject, to which is devoted a large portion of this section. Dystocia due to various etiological factors receives the space due its importance.

Part 3 takes up the subject of the condition of the blood during the puerperal state and the influence of the new vegetable albuminoid preparation, Roborat, on the increase of the milk. Then under the heading of pathology of the puerperium, the subjects of infections of the breast, puerperal infections, puerperal phychoses, and puerperal hæmorrhage are discussed. This is followed by a few pages devoted to the new born child.

Part 4 takes up the various operative procedures occurring in obstetric surgery, the subject of Cæsarian section claiming the greater amount of space.

Table of Contents on Advertising Page 3.

Do you read the Advertising Pages? If not you are missing something good.



THE COLORADO MEDICAL JOURNAL 133 West Colfax Ave., Denver, Colorado.

WM. N. BEGGS, A. B., M. D., ALLISON DRAKE, Ph. D., M. D., Editor and Publisher
Associate Editor

Entered at the Postoffice at Denver, Colorado, as second class matter.

ARSENAURO

HAS SHOWN ITS VALUE IN

THOUSANDS AND THOUSANDS

OF CASES OF

DIABETES MELLITUS.

WE CAN AFFORD TO STAND SOME LOSS IN TRADE

WE CANNOT AFFORD TO STAND THE DAMAGE DONE BY SUBSTITUTION .

DISHONEST DRUGGISTS ARE FILLING YOUR PRESCRIPTIONS WITH WORTHLESS LIZUIDS. SPECIFY ARSENAURO - ORIGINAL ONE OZ BOTTLE, (WITH STAL ON NECK) AND SEE THAT YOUR PATIENT GETS IT.

CHAS. ROOME PARMELE CO., 45 JOHN ST., N. Y.

Digitized by Google

BLOOD INTRODUCTION

In all anaemic, consumptive and dyspeptic patients, where there is a lack of ability to produce good and sufficient blood, why not introduce it?

BOVININE

is live blood—blood of fullness, energy and integrity, arterial blood of the healthy bullock. It is the physician's greatest auxiliary. Prepared by cold process. Antiseptic and sterilized. Try it per rectum when the stomach is unavailable. Try it per sub-cutaneous injection when collapse calls for instantaneous blood supply. Send for our scientific treatise on topical and internal administration, and reports of hundreds of clinical cases.

THE BOVININE CO.,
75 West Houston St., New York.

LEEMING MILES & CO., MONTREAL. Sole Agents for the Bominion of Canada.

THIS SPACE FOR SALE

ADDRESS
THE GOLORADO MEDIGAL JOURNAL

DENVER, COLORADO

THE COPOSADO MEDICAP PORSAPP

...AND...

WESTERN MEDICAL AND SURGICAL GAZETTE

A Scientific Medical Journal, Published in the Interest of the Profession of Colorado and Adjoining States—A Journal of Science, of News and of Medical Lore.

Vol. VIII.

DENVER, COLORADO, AUGUST, 1902.

No. 8

ORIGINAL COMMUNICATIONS.

Abortions*

By R. C. ROBE, M. D., PUEBLO, COLO.

This paper is not presented as in any sense a scientific dissertation on the etiology, pathology, symptomatology, diagnosis and treatment of abortions. But as agitation from time to time has a restraining influence, if I succeed in arousing a discussion or sentiment which will aid in checking one of the greatest evils of this or any past generation, the purpose of this paper will have been accomplished.

Reliable statistics on this subject are difficult to obtain, but, so far as we are able to generalize, we cannot conclude that abortions, either accidental or criminal, are on the increase. However, it is well known that there is throughout our own country, and in some European nations a falling birth rate. Especially is this true of the so-called aristocracy of our larger cities, and to some extent in the rural dis-

tricts, a fact which may well engage the attention of social economists and others interested in preserving national life of the highest American type.

The reasons for abortions are accident, criminality and the intentional limitation of the family.

The accidental cases include those brought about by injuries, syphilis, fevers, the "abortion habit," or means other than intentional. Of these there are a great many and need the most careful attention at the hands of the profession that a goodly proportion may be prevented, and that those which are inevitable may receive such care that the sequelæ may be the least harmful to the patient.

The criminal cases are most common as a result of illicit coition, either among the unmarried, or where there has been infidelity on the part of a hus-

^{*}Read before the Colorado State Medical Society, Pueblo, Colo., June 24-26, 1902.

band or wife in their relations with another married or single person. course the first procedure under such circumstances is to either inquire among friends for something that will "induce menstruation," then visit a drug store to procure the necessary ingredients, or else go at once to a physician to have an abortion produced. In most communities these people generally know where to go to be helped out of trouble. I say this with a blush of sadness, to think that any man or woman bearing the sacred title of doctor of medicine can be bartered with to commit a crime in no sense less heinous than to take a gun and shoot down the woman who confronts him as the victim of misfortune. Of course I make no reference here to the induction of abortions where a dead fœtus is present to cause infection, or where some mitigating condition in the physical make-up of the woman makes it necessary as a life-saving measure. That is an entirely different proposition. We all know the difficulty of obtaining convicting testimony against the class of our professional brothers, who can be prevailed upon to do this kind of work, as well as the temptation from a lucrative standpoint which there is for the conscienceless doctor who makes a specialty of this sort of murder. However, we must not forget the odium which sometimes falls on the physician who is called in when, may be, an abortion is taking place, or has done so, which has been self induced and afterward is charged by the victim to the doctor in order to clear herself.

The third class of cases is among

married people and occur, not because of illegitimacy, but simply because the people either want no children at all or, having one or two, want no more. This is largely the result of the evils of our social system. People of moderate means think their rise in the world. either financially or socially or both, will be hindered by even a small family of children. The rich, many of them. do not care to take the time from social functions necessary to a healthy maternity and the devotion to family which it requires. Some even scorn the very thought of such vile things, as though it were a disgrace to bear children. How different the ancient Jews. who were the healthiest race the world has ever produced, among whom the disgrace was to be barren. Go up and down any of our rich thoroughfares in the cities and one cannot help being impressed with the idea of the small number of children he sees. other hand, go into the industrial sections of the same cities and it seems as a veritable bee hive from which swarm countless numbers of children. the standpoint of financial ability to care for an offspring, we would think the conditions ought to be reversed. Yet these same rich people will, many of them, spend hundreds of dollars, or even thousands, and sacrifice the health of the woman in the case, rather than be denied a few months in social life. And there are doctors who, for the money there is in it, will force themselves into the belief that "it is all right to help the poor woman out of trouble."

With the desire to avoid maternity the knowledge of means used, not only

for preventing conception but also for inducing abortions, is industriously sought after and is passed about among women as that which is invaluable. Women ask each other, "Well what do you do to keep from having children? It seems that nothing I do does any Sometimes they will venture to take the family doctor into their confidence, thinking he can tell them something harmless and sure. The poor unfortunate girl to hide her shame cannot trust her associates, but goes directly to some abortionist, either in person or by correspondence, but to call. later on some reputable physician to complete the job secundum artem.

If we turn for a moment to consider the results of the abortion practice, the conscientious physician must throw up his hands in holy horror at the contemplation. Infections, more or less severe, are the rule rather than the exception. It may be endometritis, metritis, parametritis, salpingitis, ovaritis, cystitis, peritonitis, or an inflammation followed by suppuration, septicæmia or pyæmia. But it seldom appears on the death certificate with the record of the proper contributing cause attached.

But granting that the majority survive, we have as a rule following a few abortions a destruction of fecundity as a result of the injury to the normal soil of conception. And with this power removed, we have a chronic invalid on our hands. Acute infections become to a greater or less extent chronic, the patient is a chronic sufferer with almost any of the ills of life involving all of the organs of the body, complicating

the conditions and affecting our prognosis.

Then, as a last resort, the long-suffering victim flies to a surgeon for relief. He operates, often with fatal results, and, if successful, a very small percentage are restored to their original condition of health. I do not mean to disparage operative measures—that is often the only course to pursue when the case falls into the surgeon's hands—but simply to assist us in making a prognosis years before, when a few words from an honest counsellor would be the best prophylactic.

The physician stands paramount in a position to best educate the public on this question. Every family has a medical adviser. Get him to use his best endeavors to persuade his patrons that reproduction is the highest function of the human race. woman who passes through maternity is healthier than her sister who does That child-bearing is not injurious to health if proper hygienic conditions are observed. I mean, of course, the average woman whose health will not debar her from child-bearing. woman in whom there are contraindications should not marry.

Teach boldly that abortions are a disgrace, whether among the married or unmarried, that our nation may not be known, like the French, as one of whores, and that the tendency of such things is not in the direction of morals and virtue of which the Anglo-Saxon races boast so much.

Above all things let every physician personally, or, better, through the

medical organizations of his city, state or nation, use every effort to suppress the influence of the fiend who advertises his nostrums through the columns of the press, by hand bills, or in any other way for the interruption of pregnancy or the prevention of conception. This would be a fit subject for our state legislatures to embody in their medical laws, and for our national government to execute through the postoffice department, by excluding such literature from the mails.

The medical profession of all schools should be a unit in this particular at least. And it would be fitting to call on the religious organizations of the world, of whatever sect, to lend their aid in abating a crime which is the most flagrant violation of the decalogue, so far as it concerns our relations to our fellowmen.

Friedreich's Ataxia.*

By A. I. HAYES, M. D., GOLDFIELD, COLO.

Mr. President and Members of the Cripple Creek District Medical Society:

The object of this paper which I shall read to you this evening is to report three cases of hereditary ataxia or Friedreich's disease, which have recently come under my observation. These cases are brothers and sisters in the same family.

This subject will probably not be of as much interest or practical importance to you as many others which I might have chosen, but, owing to the rarity of the disease and to the fact that I am able to present two of the members of this family before you, I trust it may be of some scientific importance and practical benefit to you.

Before entering upon the report of these cases it may be well to recall some of the more important characteristics of this disease.

Friedreich was the first, in 1861, to describe this form of ataxia; therefore it is often called Friedreich's disease. It selects its victims from brothers and sisters of the same family whose parents have not had the disease. seems that direct inheritance has been traced in only a very few cases. It cannot be said that children inherit the disease, but they inherit a nervous system which is predisposed to an early and slow decay, manifested by a degeneration of the posterior and lateral columns of the spinal cord. The disease develops with such extreme slowness that parents of such children can hardly tell when the first symptoms are manifested. The two sexes are equally affected. The age at which the symptoms first develop is stated variously by different authors. Gowers has seen the symptoms well developed in the second year. It probably develops most often between

^{*}Read before the Cripple Creek District Medical Society, July 18, 1902.

the seventh and fourteenth years. Any immediate cause can rarely be traced. The acute infectious diseases may facilitate the symptoms, but can scarcely do more. Often the symptoms are never so prominent as to be noticed until the person has recovered from some acute infectious disease, such as scarlet or typhoid fever.

Pathological Anatomy.

Our knowledge as to the pathological anatomy is in many cases defective. Relatively best known are the pathological changes in the spinal cord. The changes which may be at present accepted as certain, are marked degeneration of the fibers of the posterior columns, and of the direct cerebellar tract. and to a slight extent of the pyramidal tracts, the ataxia depending upon the degeneration of the posterior columns, the paresis upon the pyramidal tracts. The posterior roots are in an atrophied There is one fact which is condition. surprising and at present not explained satisfactorily, and that is why sensation remains normal when the lesion which is most characteristic of this disease is found in the posterior or sen-This we believe can sorv columns. only be explained by saying that the lateral columns take up the function of the posterior, and sensation in this case is transmitted directly from the posterior roots, whose function is unimpaired, to the lateral columns.

Symptoms.

The one cardinal symptom of this disease is ataxia, the extent and degree of which are its characteristic features. It is noticed first in the lower extremities and trunk, extending to the arms

and head. The inco-ordination is first manifested by the person's inability to stand or walk steadily—at first slight, but slowly increasing until the feet have to be placed wide apart in stand-The gait is reeling ing or walking. and swaying like that of a drunken Closing the eyes increases the ataxia in most cases, Romberg's symp-The muscles of speech are supposed to be ataxic and we have the speech affected. It becomes slow in character, articulation becomes indistinct and confused, the modulations of the voice are monotonous, there is hesitation and the syllables are run to-Ataxia of the eye muscles is supposed in this disease to be the cause of nystagmus. This is, however, a late symptom, is rare, not often detected, not well marked, and certainly not characteristic of the disease. an early loss of the knee jerks, and the tendon reflexes. These are prominent symptoms which can always be looked for.

Diagnosis.

The diagnosis of a typical case of hereditary ataxia is not, as a rule, of the slightest difficulty to the experienced, or to the physician who gives the subject much thought. The appearance of the symptoms in early youth, and in other members of the same family, the ataxia—the extent and character of which is not like that of any other disease—the absence of patellar reflexes, the absence of sensory disturbances with disturbance of speech, all contribute to the formation of a picture, the identity of which cannot be mistaken.

Treatment.

As in other diseases dependent upon a congenital degeneration or abnormality of the nervous system, treatment in any way seems almost hopeless. It may be doubted whether any drug has any effect upon its course. Physical overexertion should be prohibited. Mild hydrotherapy and the electrical current in different forms, with general hygienic and dietetic measures, may be of benefit in preventing, as far as possible, the progress of the disease.

The three cases which I have to report are all of the same family, two sisters and one brother. four children in this family, one, a girl aged 23, as yet remains free of any symptoms. The father of these children died at the age of 37 of pneumonia of three days' duration; the mother, age 57, is yet alive and quite strong. I have examined her carefully and find her free of any symptoms of this disease, and there seems to be no history showing that any of the members of the father's or mother's side of family have suffered from any disease of the nervous system excepting that the mother's father was at one time insane, which fact is of importance in the history of these cases.

The oldest child of this family, Mrs. M., age 31, has had none of the diseases of childhood except measles at the age of 11. The first menses appeared at the age of 18. At that time she also had some sickness the nature of which I have not been able to determine, after which she experienced some difficulty in walking, and was not able to walk well until three or four months after

this sickness. She was married at the age of 21, has had four children. these, two died in infancy, the other two boys are still living, one 5, the other 3 years of age, both healthy and perfectly normal children. At the age of 25 she developed a maniacal form of insanity and was incarcerated in an asylum for seven months. covered fully and no symptoms of insanity have returned since. years after she was married she says she again experienced difficulty in walking, especially in the dark. Soon after this, six years ago, she had an attack of typhoid fever of three weeks duration, and since that time she has been unable to stand or walk except when supported by assistance. years ago her last child was born, which is now in every way normal and perfectly healthy.

On examination I find knee jerks and tendon reflexes completely abolished. Ataxia is so far advanced that she is not able to stand or walk alone. She can, however, support the weight of her body well when holding on to some object. Her inability to stand or walk seems to depend upon the extreme ataxia rather than any paresis of muscular power. Pupillary reaction is normal. There are no sensory or trophic disturbances, no involvement of bladder or bowels, no pains. The muscles are quite firm and but very little, if any. paresis can be demonstrated. seems to be much affected, but not in proportion to the extreme inco-ordination: articulation is indistinct, conversation is monotonous and labored, syllables are run together. Neither she

nor any of the members of her family can remember when speech first became affected. The special senses are normal, nystagmus absent. The mental condition seems not much impaired, but her expression is simple and almost imbecilic. Ataxia is increased when the eyes are closed and the body has a tendency to fall forward.

For brevity's sake the other two members of this family, the sister, age 25, and the brother, age 28, will be described in conjunction for their conditions are very much the same, except that the girl's symptoms are more pronounced. They have never had any severe illness or wasting disease. knee-jerks are abolished, ataxia is present; the speech is affected, incoordination is marked and much increased when the eves are closed, the body reeling forward. Patients experience much difficulty when walking in There are no sensory disthe dark. The iritic reflexes are norturbances. mal. There is no paresis or paralysis. There are no pains of any character. The special senses are normal.

In conclusion we may say that direct inheritance in these cases cannot be traced, but I do believe that there is in this history a nervous taint, coming from the grandfather of the mother's side.

Points of interest in these cases are:

- 1. That, although this mother had not been able to walk for a period of three years, due to a congenital disease, she gave birth to a child which, at present, is 3 years of age and perfectly healthy and normal.
- 2. That the symptoms in all these cases progressed with such extreme slowness that neither the afflicted nor any member of their family can tell when they first appeared, but they all probably were afflicted by the time they had reached their eighteenth year, or probably sooner.
- 3. That in a family of children having an hereditary ataxic predisposition not all are affected.
- 4. That children born of ataxic parents are, in this record, not yet afflicted.

The Treatment of Headache.*

By BERNARD OETTINGER, M. D., Neurologist to the National Jewish Hospital for Consumptives and the Visiting Nurses Association, Denver, Colo.

Mr. President and Members: I wish to speak for a few minutes only about a much too common affection. I refer

to headache in those instances where the patient looks upon this symptom as his sole trouble, where it is, at least, the

^{*}Read before the Denver and Arapahoe Medical Society, May 20, 1902.

chief symptom complained of. In view of the fact that this malady is so common, of such seeming trivial importance and one where the patient so often rests satisfied to treat himself or have his druggist do so, it becomes surprising how frequently the physician is, notwithstanding, consulted for cephalalgia. Thereby is proven that most cases of headache require constitutional treatment to obtain lasting and good effect. With this point in mind, I shall briefly detail several histories from my case book.

Case I. M. H., a retail merchant, suffered more or less from periodic headaches for ten years. This had become worse during the last year before consultation. He often took headache powders, sometimes with relief, but this was only transitory. He had lately been fitted with new glasses for astigmatism without benefit. According to his statement. his stomach never bothered him and his bowels moved each day. His face is pale and slightly bloated as from venous engorgement. His tongue is coated posteriorly only. The urine is normal. A provisional diagnosis of intestinal indigestion was made and the following treatment was instituted: Artificial Carlsbad salts. one teaspoonful in one-half glass hot water before breakfast; a warm water enema, all the bowel will hold, before retiring; a powder containing about eight grains each of guiacol carbonate, ichthalbin and tannalbin three times a day after meals. At first there was no great improvement. It was then learned that the enema was not taken with sufficient care to properly cleanse

the lower bowel. This being corrected, improvement followed rapidly. At the present time the enema is taken every other day. Patient takes no medicine. He has headaches rarely, and these can usually be referred to a dietary indiscretion, such as the eating of cheese, or to some cause lowering the general tone, as, for example, a siege of headache lasting several days that followed sexual excess.

Case II. Mrs. B., housewife, suffered from frequent headaches for more than a year. These at times would culminate in migraine. She is easily fatigued, although formerly very energetic. She has occasional vertigo. The bowels are sluggish but move each day. She has good appetite between attacks. Patient is somewhat anæmic. The treatment was as in case one, with the addition of five grains of hemogallol and 1/30 grain strychnia t. i. d. Patient improved rapidly. In this instance not only the powders but also the enema could be discontinued in a few weeks, though the patient takes occasional courses of hemogallol which correct, at least to a certain extent, too frequent menstruation.

Case III. Mrs. F., an emaciated old lady, has had chronic bronchitis for several years. At the time of my first visit the patient was partially hysterical from pain which, in the head, extended from the entire vertex but would also shoot paroxysmally through the limbs and intercostal region. In this case, as in one other which I do not report to-night the pain followed cold sponge baths taken by old people as a strengthener, on neighborly advice.

The reflexes were exaggerated. When walking across the room the patient would stagger. In the arm there was a distinct volitional tremor. There was a slight pill-forming movement of the thumb and first finger. The patient constantly pressed upon the vertex of the head with both hands.

For immediate relief I gave a capsule containing phenacetin and codeine, but butyl chloral hydrate in fivegrain doses given later was found to have better effect. There was relief from pain in the head and all ataxia disappeared. These arrangements with light diet, consisting in great part of concentrated broth, soon brought the patient to her usual condition. Several subsequent slight attacks of headache were plainly associated with intestinal derangement, showing that here, too, auto-intoxication played a considerable The less violent but more persistent shooting pains, I regard as a neuritis due to the same cause and to inanition. There was improvement under small doses of camphorated tincture of opium and castor oil. Age, debility and lack of strict attention to diet barred an entirely satisfactory result.

Case IV. This was an anæmic and high strung single woman of 30 years of age. This patient suffered from occasional violent headaches felt for the most part in the back of the head. These usually followed some special tax upon her strength. There was considerable improvement under tonic treatment of hemogallol, strychnia and small doses of cannabis indica during the attacks. The latter have become less frequent and less severe. Recently,

by timely use of the narcotic early, the patient has been able to ward off two on-coming attacks.

Case V. A patient seen in consultation at the National Jewish Hospital for Consumptives. This man appeared in fair general condition but suffered from constant headaches which had resisted a number of remedies. I was able to elicit a history of specific infection. After that potassium iodide produced its usual magical effect.

Case VI. Clergyman, was subject to attacks of migraine from early youth. In the past few years these attacks increased in number and severity. Latterly he would also awake at night with headache, at these times chiefly posteriorly. There was a general feeling of malaise with frequent insomnia. Two examinations of urine showed nothing abnormal but the third disclosed one-fourth of I per cent of albumin and a few granular and hyaline casts. The quantity of urine passed in twenty-four hours was normal. was irregular excretion of urea but it was normal in total amount.

Rest and milk diet soon brought the albumin down to a trace, but the patient became weak. He was then put on cereals, vegetables, except peas and beans, fish, white meat of fowl, and instructed to drink at least twelve glasses of soft water per day. There was great improvement as to general condition and as to headaches. The latter still occur once or twice a month, but are no longer severe, nor now associated with nausea. There is no insomnia, a trace of albumin remains, the

urine has not recently been examined for casts.

Regarding the drinking of considerable water, I will say I have found the practice beneficial not only in the headaches of neuritis but in cases associated with evidence of vaso-motor spasm.

Case VII. Herein we recognize a clinical picture described by some of the older clinicians as due to an oxalic acid diathesis. The patient was a retail merchant, married, and of good habits. His business demands long hours at his store. For seven or eight months before consultation he would awaken every night, without exception, with a headache. This would pass off some time during the next day or might last several days. He stated he had frequent bilious attacks with blind spells. Among other treatment he had taken large doses of bromides without relief. There was a general feeling of He had backache, he bloats malaise. after eating and belches gas. was a patch of eczema rubrum twice the size of a silver dollar on the right calf, also a few small patches elsewhere on the limbs. These itch intensely. The patient's cheeks are hollow, confirming the loss of ten pounds in weight. The complexion is sallow and of dirty appearance. The urine is cloudy and, on standing, a heavy white precipitate of phosphates forms. It is slightly acid in reaction. The test for albumin was negative but the test for sugar resulted in a suspicious brownish tinge, and with the yeast test I obtained a small bubble of carbonic acid gas.

I prescribed artificial Carlsbad salts,

guiacol carbonate the compound powder, a warm water enema once a day, and abstinence from sugar and The last was not so much starches. on account of the sugar which was exhibited as a mere trace, but because of evident fermentation dyspepsia. urine at once became clear of sediment and there was some improvement as to headaches but the patient, who evidently lost the stimulation of his usual carbo-hydrate diet, felt weak, his pulse was 54. For a time I gave a tonic capsule of hemogallol, arsenic strvchnia. I soon discontinued this and the antiseptic powder but continued the daily enema. The evidence of sugar disappeared in about three weeks. It was at this time that I examined the urinary sediment more care-I found chlorides and phosphates about normal in quantity, but the sulphates much diminished. Microscopical examination showed great numbers of the envelope-shaped calcium oxalate crystals. Herein is explained the need of restriction of sugars and starches in the absence of even a. trace of sugar since oxaluria, like diabetes, depends upon insufficient body oxidation.

At present, five months after the first visit, and for the past two months, the patient feels entirely well. He no longer gives the impress of nervous exhaustion. His complexion has lost its sallow appearance and is clear. His energy and appetite are good. He does not have a headache once a month, he has gained six pounds, he eats meat, green vegetables, cereals, cooked fruit, bran bread and little sugar. Any indis-

cretion in the least respect is immediately followed by a precipitation of phosphates. He takes no medicine, but drinks eight to twelve glasses of soft water per day and takes an enema twice a week. The eczema patches proved obstinate to several local remedies but have disappeared except for a mere stain of the skin, and with them the itching, under recent use of an ointment of red iodide of mercury, camphor, zinc oxide, and Russian petroleum. The last, because it contains no paraffine, penetrates the skin better than the American product.

These histories, which are fairly

representative of many ordinary headache cases which come to a doctor's office, bring forcibly to mind how large is the percentage wherein auto-intoxication and especially that from the alimentary tract is a casual factor-and how frequently the intolerance to sugar, and, as I have found in not a few cases, to cheese, and also to eggs. One other point perhaps worthy of mention is the gratitude of these patients when relieved not only of physical pain, but also of the associated irritable temper, which they usually recognize makes them unfit for business and social duties.

Myopia and Its Treatment.*

By W. C. BANE, M. D., CLINICAL PROFESSOR OF OPHTHALMOLOGY AND OTOLOGY IN THE DENVER COLLEGE OF MEDICINE, DENVER, COLO.

The eyeball, at birth, is, as a rule, short or hyperopic and changes in length to become emmetropic at about six years of age. There are many exceptions to this rule, but this is the more common change that takes place in the length of the eyeball. It is doubtful if myopia ever exists at birth, though high myopia has been observed in early childhood. A myopic or long eyeball is considered a weak eye, there being a tendency for it to become more elongated, and then a weakening or thinning of the sclerotic coat occurs.

Using the eyes in a poor light; leaning over the work at short range, thus

increasing the congestion of the eyes; using the power of convergence to excess, especially during the growing period, are among the principal exciting causes of myopia. Dr. Joseph Schlesinger analyzed the records of 1,000 cases of myopia and ascertained that 13 per cent of the cases inherited the predisposition to nearsightedness, more of them from the father. use of the eyes for much close work when the general health is reduced tends to develop a myopia or excite an increase in it if already existing. Eves that have become somewhat myopic tend to increase, owing to the con-

^{*}Read before the Denver and Arapahoe Medical Society, May 20, 1902.

vergence being more difficult than in the normal eye. Again the action of the extra-ocular muscles compressing the ball laterally, making it more elongated antero-posteriorly, is believed by some investigators to play an important part in increasing the myopia.

The sclera yielding posteriorly, there occurs a stretching of the choroid at the temporal side of the disc. the first intra-ocular manifestations of myopia is the white crescent which later becomes pigmented. The crescent may remain small or increase toward the macula and around the disc. In a few cases irregular breaks in the choroid occur in the macular region that at first may suggest specific choroiditis, yet these breaks are more of the shape of spindle cells than the oval spots of syphilitic choroiditis. The older the patient the more in evidence are the pathological changes, which vary from the crescent to the "patchy thinning" of the choroid. The changes about the disc are, however, not always found in myopic eyes, as we now and then observe them in hyperopic eyes. Where the changes in the tunics and length of the eye have been great the vision as a rule is proportionately diminished. In the high grades of myopia more or less floating opacities may be observed in the vitreous. Detachment of the retina is one of the serious consequences of high myopia. Occasionally the yielding is in the cornea, producing what is known as conical cornea. Generally the eyeball of the myope appears enlarged and elongated, especially when converging. The pupils are normally rather large and somewhat sluggish.

All forms of myopia may be properly classed as progressive, some stopping with the growing period, while others continue on to the twenty-fifth year or later. Fortunately many of the cases stop with a low degree and remain quite stationary. Others, after remaining stationary for a longer or shorter period, are re-excited to growth by some overwork.

In the slowly developing cases but little is complained of except indistinctness of vision. Those of the moderately progressive type not only complain of the indistinctness of vision but of a burning sensation and a tired feeling in the eyes and at times darting pains through the eyeballs. Headache is not commonly associated with myopia, but where myopic astigmatism exists headache is one of the common symptoms. The internal recti muscles sometimes act poorly, owing to the extra tax to effect convergences.

The treatment of myopia is exceedingly important. Our first aim is to prevent increase of the myopia, and second to enable the patient to see distant objects distinctly. Correcting the error of refraction is the most valuable aid for preventing the increase of the myopia. The correcting glass is the one that, with the accommodation paralyzed, gives the best possible distant vision, and this glass, especially in young persons, is to be worn constantly. A few persons with very high degrees of myopia do not take kindly to the full correction for all purposes, but prefer a weaker lens for near work. When astigmatism exists, as it frequently

does with myopia, it must be corrected in full.

In addition to the use of the full correcting lenses, every exciting cause must be removed. Therefore only a very limited amount of close work should be allowed, and that in good light with the patient in the erect posture. The print should be large and clear and on unglazed paper. Objects

for near vision should not be closer than 35 cm., or 14 inches. Should the observance of these rules not stay the progress it will be necessary to abstain from all close work for six months or a year or until it is evident no further increase is taking place. The general health of the patient should be raised to as high a standard as possible.

A REMEDY PROPOSED FOR THE EVIL OF SUBSTITUTION.

BY J. D. WILLIAMS, M. D., NEW YORK.

There can be no subject of more importance to physicians than the violation of their confidence on the part of a dishonest dispensing druggist. will not make a dishonest man honest, but the right law properly executed will prevent a criminal's further infliction of injury upon society. The requirements of a license to all druggists who dispense drugs or medicines, revokable upon the licensee's being convicted of substituting any ingredient, drug or medicine other than, and in lieu or instead of, that specified in the prescription, order or request in writing, of any physician, would go a long way to aid in the matter of honestly filling Let the medical soprescriptions. cieties induce their respective state legislatures to enact a law requiring such a license, with a simple and practical procedure for establishing the guilt and enforcing the penalty against infraction, and the practice of substitution would soon cease.

Let proceedings for revocation of license be before the court, board or officer, empowered to issue the license, and be set in motion at the relation of either the board of health, a local medical society, or the purchaser upon whom the fraud and imposition had been done, or of the physician by whom the prescription or order was issued or given, or of any person, firm or corporation for whose brand or make of drug or medicine the substitution had been perpetrated. Let the licensing board, court, or officer be empowered to issue citations, subpœnas for witnesses, to administer oaths, and be given all other requisite powers for duly trying the issues and revoking the license of the guilty.—The Medicus.

The new site for the Harvard University Medical College has been secured to the college at a cost of \$606,-

000, and comprises 1,128,824 square feet of land.

THE COLORADO MEDICAL JOURNAL

AND WESTERN MEDICAL AND SURGICAL GAZETTE

A Monthly Journal for the Medical Profession of Colorado and Adjoining States.

WM. N. BEGGS, A. B., M. D., ALLISON DRAKE, Ph. D., M. D., **Editor and Publish** Associate Editor

	DEPARTM	LENT EDITOR	ks .	
MEDICINE				
Respiratory and Circ	ulatory Organs		A. S.	TAUSSIG. M. D.
Digestine Tract	ulatory Organsm.		D	SPIVAK W D
Tuberenlesis	,	· • • • • · · · · · · · · · · · · · · ·	WW N DECC	
1 BUET CHIUSIS		• • • • • • • • • • • • • • • • • • •	WM. N. DEGG	13, A. D., M. D.
Neurology and Allenis	m	. 	B. OE.	ITINGER, M. D.
Therapeutics		. 		ERBAUM, M. D.
Physiology and Hyg	iene	A	LLISON DRAK	E. Ph. D., M. D.
Cameral Surgery	tologyology ology trics Urinary System		337 33/	CDANT M D
Otherus Sargery	,	· • • • • • • • • • • • • • • • • • • •	**************************************	CRANT, M. D.
Ophthaimology and O	tology	· • • • • · · · · · · · · · · · · · · ·	MELVILL	E BLACK, M. D.
Laryngology and Rhin	ology	. 	W. K. R	OBINSON, M. D.
. Gynecology and Obste	trics	. 	LARENCE L. W	/HEATON, M. D.
Diseases of the Genito-	Irinary System		DONALD K	ENNEDY. M. D.
Distriction of the definite t	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	• • • • • • • • • • • • • • • • • • • •		
	T.OCA	L EDITORS:		
	2002	L LIDITORIO.		
Damldon Cala	117 117 Day 14	D. I. Tandadila Cala		Cal C Value M D

Boulder, Colo	W. W. Reed, M. D.
Colorado Springs, ColoFra	ink L. Dennis, M. D.
Cripple Creek District, Colo	M. D. Gibbs, M. D.
Fort Collins, Colo	P. J. McHugh, M. D.
Greeley, Colo	J. K. Miller, M. D.
La Junta, Colo	Frank Finney, M. D.

 Leadville, Colo
 Sol. G. Kahn,

 Pueblo, Colo
 H. A. Black,

 Trinidad, Colo
 James Gill Espey,

 Fargo, N. D
 Edward Chase Branch,

 Reno, Nev
 A. E. Hershiser,

 Las Cruces, N. M
 J. Frank McConnell,

Subscription, \$2.00 Per Year.

Single Copies, 25 Cents

ORIGINAL ARTICLES, CRISP EDITORIALS.

CLINICAL REPORTS. SOCIETY REPORTS. CORRESPONDENCE NEWS ITEMS.

Invited from the Western States of Utah, Wyoming, New Mexico, Kansas, Nebraska, Arizona, but particularly from Colorado.
All matter intended for publication in the next issue should reach the editor by the first of each month. Each contributor of an article will receive ten copies of the Journal containing his article, upon application.

reasonable number of illustrations will be furnished by the Journal free of charge if suitable drawings or photographs are supplied by the authors.

Address all communications to

THE COLORADO MEDICAL JOURNAL, 133 W. Colfax Ave., Degver, Colo-

Vol. VIII.

Denver, Colorado, August, 1902.

No. 8

EDITORIALS.

THE MEDICAL EDUCATION OF THE LAITY.

In his address on the Mission of the Man of Science, delivered at he commencement exercises of the Denver College of Medicine and published in the May number of the Journal, the Rev. David Utter presented a plea for the better education of the laity in medical matters and urged medical men to take a more active part in the spread of their own professional knowledge. He said: "In common with all men of superior education, you owe to the general public a free and hearty participation in its education. very well know how woefully ignorant

this general public is along the lines of your special knowledge. I think it your duty each to do your share in freely giving enlightenment by the way as you go through life to every one capable of receiving what you have to give."

This could serve as a text for the eloquence of a Fenelon. We as physicians recognize the appalling ignorance of even what is generally considered the intelligent public in matters medical. Laws of hygiene, which it would seem should be known to even the younger pupils in the lower grades of our schools, are daily ignored, forgotten if they were ever recognized, and abject helplessness exhibited when called to attention. The most absurd proceedings are adopted for the socalled family treatment of the most common and trivial affections which, however, because of such treatment, not unfrequently develop into serious mal-We furthermore daily see that the public has not the slightest vestige of ordinary business sense in very many instances in the selection of a well qualified practitioner for the treatment of their most dangerous diseases. who would demand evidences of ability from one proposing to build their houses, construct their railroads or even shoe their horses, are daily lead into employing the most ignorant charlatans.

This condition exists; it would be a ludicrous one were it not pathetic and terrible in its results. It should call for organized attempt at removal and none are more rightly looked to for the proper direction of such an attempt

than the members of the medical profession. Will they rise to their opportunities and meet their duties? The reverend gentleman, even, did not express any degree of hope that the seeds of his address would fall upon fertile soil, and it is probable that apathy will have the effect in this field that a most severe and prolonged drouth would bring about in our agricultural districts. The proper medical education of the laity will probably, nay, undoubtedly, languish.

And yet, why should this be the case? Manifest duty lies before the profession; it is amply able, if it desires, to rise to this duty. Various means have been pointed out from time to time. While the profession is not as well organized as it should be, there is nevertheless sufficient organization to be able to accomplish unlimited good in the direction pointed out. What with our medical colleges, our medical societies and our individual efforts, an immense equipment and practically unlimited ability lies at the disposal of the profession and the public.

The work of our medical colleges is to-day practically restricted to the preparation of embryo practitioners and, to a much lesser extent, original investigations. Except indirectly, they pay almost no attention to their duty to the public. This is not as it should and not as it could be. In Germany, for example, the influence of every medical college (the medical departments of their universities), as well as of probably every other department of more directly universities is their brought to bear upon the general public. Every professor, extraordinary professor or private instructor is, by virtue of his position, required to deliver regularly a certain number of lectures on subjects pertaining to the department with which he is connected, free to the public. Is there any reason why such a policy should not be at once inaugurated here? Is there any doubt that if such were done, it would have a marked influence for good?

Our medical societies, too, have done but little for the general public. Our State Society has done a little at the meetings of the last two years in offering prizes for the best articles on certain subjects. It could add to this by its securing the publication and widespread distribution of these articles through some of the public journals. It might, furthermore, have one of its daily sessions devoted to the discussion of such subjects as are of special interest to the general public and especially invite through the public press the attention and participation of the laity. This latter suggestion might be adopted and enlarged upon by all of the local medical societies. At certain sessions open to the public, specially adapted programs might be provided; they might also secure the preparation of special papers to be read before the various lay societies for self-improvement or municipal improvement, as the case might be. All these measures could be probably adopted without the implication of personal aggrandizement or self-advertising.

A step has been made in Denver by the institution of free inspection of public schools. It was a practical failure last year because of various retarding influences. It remains to be seen whether it will have any practical results this year. The plan, however, is a good one and should be extended to the daily inspection of all the schools in all communities.

The foregoing or any other measures for the education of the laity calls for work, hard work, conscientious work and disinterested work. For such to be carried out on any large scale calls for organization and application which perhaps it is too much to expect. Nevertheless, one of the paths of duty of the medical profession lies in that direction.

PROGRESS OF MEDICINE.

Diseases of the Digestive Tract.

Conducted by C. D. Spivak, M. D.

DIAGNOSIS.

This month's review will be devoted to the progress of diagnosis. Nothing

very original or startling has come to the surface, yet the endeavor made by earnest workers to add to our diagnostic ability on the one hand, and the masterful presentation of the literature on the diagnosis of certain affections on the other hand, justifies the presentation of the following:

OUTLINE OF STOMACH.

To make the diagnosis by means of one of our senses only where instruments had to be used before, is of great advantage indeed. Although we are not as enthusiastic as Knapp (Deut. med. Woch., May 1, 1902) in his claim to be able to map out the stomach by simply inspecting the abdomen, have the patient breathe quietly, and watch the waves caused by respiration, yet we think that he has done good service in calling attention to the subject. Although I have done that for years, I do not think that in more than 20 per cent of cases can the outlines of the stomach be determined by inspection alone. Only in greatly emaciated patients and in dilatation of the stomach is this phenomenon invariably present.

Becker (Jour. Am. Med. Ass., June 14, 1892) uses the double stomach tube and stethoscope in outlining the borders of the stomach. After the stomach has been washed, a little water remaining, he introduces air through the inlet tube which, when passing through thewater, produces a gurgling sound. This sound can be distinctly heard with the stethoscope over the gastric region. The sound is distinctly different when the stethoscope is moved beyond the line.

We do not think this method will be adopted by many, although it is ingenious. It requires two instruments and an assistant. One cannot manipulate the bulb and at the same time listen. In clinics and for teaching purposes it is admirable, but for office work it won't do. Auscultatory percussion answers the same purpose very well indeed.

SUCCINIC ACID.

Knapp (American Medicine, March 22, 1902) asserts that succinic acid when present in the stomach gives rise to a great deal of misery and, unless introduced into the stomach from without, signifies the presence of mold.

Test.—One c. c. of filtered chyme is extracted with five c. c.'s of ether and the clear ether extract is floated on the iron solution (one drop of a 10 per cent ferric chloride solution to two c. c.'s of water). Succinic acid gives a mahogany red ring at the junction of the iron and ether.

ESOPHAGOSCOPY.

According to Federov (Vratch, Feb. 2, 1902) the esophagoscope should be added to the armementarium of the surgeon and the gastro-enterologist. The following diagnostic data may be obtained by means of the esophagoscope: Differential diagnosis between and diverticulum: between stricture, foreign body and spasmodic contraction; removal of granulation and other tissue for diagnostic purposes. The literature on the subject of esophagoscopy is very meager, and almost nothing has been contributed by Fill up the gap, gentle-Americans. men.

ULCER OF DUODENUM.

Some years ago Chyosdek claimed to have found a method by which to make a differential diagnosis between ulcer of the stomach and that of the duodenum by giving a little wine. gastric ulcer the pain will be increased from the ingestion of the wine, but will be relieved in duodenal ulcer. Laspeyrs (Centralblatt f. d. Grenzgebiete. March 18; abstract in J. A. M. A., April 26, 1902) agrees with Boas that any fluid will do the same thing. It is astonishing, however, that neither Laspeyrs nor Boaz (Diag. u. Therap. der Darmkrankheiten, Leipzig, page 298) cites cases to corroborate their opinion, nor do they make a positive assertion. It seems to me that in all cases where the ingestion of fluid or solid relieves, pain should be interpreted as being due to the presence of excessive hydrochloric acid, and not to duodenal ulcer. We need more light on the subject.

GASTRIC ULCER.

Box (British Medical Journal, Feb. 8, 1902) has done well in accentuating the necessity for careful and repeated examinations of urine before the diagnosis of gastric or duodenal ulcer is made. The examination of the eyes, which he recommends, is indeed desirable, and as far as we know has never been mentioned before.

DYSPEPTIC ASTHMA.

We are glad to see that diet as a diagnostic factor is beginning to receive due attention (see Spivak, Diet as a Method of Diagnosis, *Philadelphia*

Medical Journal, Jan. 27, 1900). The differentiation between dyspeptic asthma and angina pectoris is not always an easy task. Einohrn (Journal American Medical Association, Feb. 1, 1902) bases his diagnosis upon the fact whether the malady is or is not amenable to treatment by rational diet. If amenable, it is dyspeptic asthma; if not, angina pectoris.

COSTAL SIGN OF ENTEROPTOSIS.

Stiller (Deut. med. Woch., May 29, 1902, abstract in J. A. M. A., June 21, 1902) reiterates his statement regarding the sign of the floating rib for diagnosis of gastroptosis. It is an illuminating and guiding sign to the gastroenterologist, the neurologist and the pediatrist. We have invariably found the sign present.

PANCREATIC DISEASES.

Murray (American Medicine, Jan. 5, 1902) reports three cases of pancreatic disease—suppurative and gangrenous pancreatitis and pancreatic cyst -each case written up in detail and accompanied by a careful review. The reading of this article should be followed by that of Thayer's (American Medicine, March 1, 1902), in which the literature on pancreatic affections is summarized and a very lucid deduction made as to the diagnostic features of the more important changes of the pancreas. While we possess no pathognomonic symptoms of pancreatic diseases, yet clinical and pathological experience have taught us certain combination of symptoms. The diagnostic points between acute pancreatitis and

biliary colic are the intensity of the pain, which is greater in gallstones, and the profound collapse. From intestinal obstruction—the intensity of the pain, absence of stercoraceous vomiting. localization of tenderness. titis is to be suspected under the following conditions: When glycosuria develops in the individual suffering from cholelithiasis, or in association with cirrhosis of the liver or in the course of hemochromatosis, or when following an attack suggestive of pancreatic pain. Pancreatic lithiasis can be recognized on account of the location. The presence of obstructive jaundice, distended gall-bladder, rapidly developing cachexia in association with but little or no hepatic enlargement is suggestive of cancer of the pancreas. Fatty stools in the absence of diarrhœa or jaundice are valuable confirmatory evidence of deficiency or absence of pancreatic secretion. The subject of pancreatic pathology is highly interesting and full of gaps.

BLACK VOMIT IN INFLAMMATION AND INJURY OF THE PERITONEUM.

Landes (American Medicine, Feb. 8, 1902) reports six cases of injury to the peritoneum in all of which the fatal termination was preceded by vomiting of large quantities of black fluid. The manner of vomiting is peculiar. There are no nausea and no contraction of the diaphragm and abdominal muscles. Landes considers the black vomit to be an ominous sign.

General Surgery.

· Conducted by W. W. Grant, M. D.

FRACTURE OF THE NECK OF THE FEMUR AND ITS "ANATOMICAL TREATMENT."

There is perhaps no fracture that deserves more attentive consideration than that of the neck of the femur. A paper on this subject, under the caption, "Anatomical Treatment," by Dr. Ruth of Keokuk, Iowa, with illustrative specimens, was presented at the session of the surgical section of the American Medical Association, at St. Paul, in June, 1901. To the one postmortem specimen presented by Prof. Maxwell and embodied in the report,

I wish to invite your attention. It is reported as an intracapsular fracture of the neck.

The immediate shortening was two inches and the case treated by direct and lateral etxension with resulting "bony union in four weeks and no perceptible shortening." He died twenty years later and a post-mortem was made. In the brief discussion at the time and in conversation, opinion was divided as to fracture. I expressed grave doubt as to the existence of a fracture, and when asked by the author how I would account for the crepitus

and immediate great shortening, I replied that fracture of the acetabular rim and consequent dislocation of the femur would abundantly explain it, as would the treatment employed explain the excellent result in such an injury. Further, I called attention to the fact that the neck was of normal length and the angle also natural. There were a few osteophites on a small surface near the head, but the specimen sawn lengthwise indicated no lesion of a past fracture and the general outline was nor-Unfortunately, in the post-mortem report there is no allusion or mention of the acetabulum and no examination of the other femur. It is well to bear in mind that the antero-posterior diameter of the neck is the smallest. The neck near the head is the smallest part, and fracture at this point is wholly within the capsule. It is commonest in old people, and at this point, especially, non-union is the usual result, without intervening material. Says Kocher recently, "All fractures of the neck should be regarded as not uniting by bone." That it is rare in fracture of the small part of the neck at least is still the prevalent belief. In such a fracture the immediate shortening is very slight.

It is well to remember that the length of the neck in a male adult is about two inches in front, two and one-half posteriorly, one and three-fourths above, and the curved under surface two and one-fourth inches. The capsule covers the entire anterior and under surface of the neck, three-fourths of the upper and two-thirds of the posterior surface.

The greater part of the trochanter major lies posterior to the back part or wall of the neck. The direction of the fracture is influenced by the position of the leg, at the time of the accident. in eversion and abduction, or inversion and adduction. In the former the fracture is more apt to be at the base of the neck, which is driven into the trochanter, crushing and splintering it, or becoming firmly impacted. Stimson believes impaction at any point rare, crushing common, while many believe that in fracture in the small of the neck impaction into the head is common but exceedingly slight and not often detected. Stimson, very justly, does not regard slight interlocking of fragments as impaction.

The two common sites of fracture are the small part of the neck, intracapsular, and near the base, which may be partly within and partly without the capsule. The former is more common in old subjects, and doubtless, I believe, is crushing; while fracture at the base of the neck with impaction is commoner to younger subjects. In the latter bony union, if partly without the capsule, is expected. If at the small part of the neck, it is not only possible, but, if properly treated, should not perhaps be so exceptional.

Age, condition of patient and method of treatment are the three factors that must chiefly determine the result. In the old and feeble it is not wise to expect bony union, nor sensible, in some cases, to attempt it. Unless contraindicated by disease or age, or both, we should attempt to secure bony union in every case. In

fracture of the base we should expect it. In fracture of the small part of the neck it is doubtful by ordinary, approved methods, but it should be attempted and the results may be more gratifying than usual.

I have secured bony union in one undoubted case of fracture of the small part of the neck. The patient was Mrs. L., aged 44, in good health, and not very fleshy. She fell from a street car September 3, 1893, on the asphalt pavement, striking on the trochanter major. She had the usual symptoms, but was chloroformed on both the first and second days, the last time with the assistance of another surgeon. The limb was everted and helpless, the groin full and tender. Allis' sign above the trochanter was present, and gentle manipulation with thigh flexed elicited distinct but soft crepitus. Shortening was so slight as hardly to be decisive. This case was treated by the application of Buck's extension, the application of silicate dressing from the crest of the ilium to the toes, and the leg suspended by pulley from the ceiling, with the knee slightly flexed. This treatment was maintained for twelve weeks with resulting bony union and shortening, after four years, not to exceed half an inch. The patient walks well but with some limitation of movement in the This method of treatment and that by pegging or nailing the fragments through the great trochanter are the most rational, and by them we must expect more frequent bony union in fracture of the small part of the neck.

I have no experience with the Maxwell treatment by lateral extension

from the upper and inner part of the thigh, which he claims to have used for thirty years as a necessary addition to ordinary extension and counter-extension, but I see no objection to its trial.

In 1889 Ruth published a collection of 17 cases from varied sources of intracapsular fractures treated by this method, with bony union in 15; 5 with no discoverable shortening, and in 10 it varied from one-half to one inch. He adds to this report 7 cases read at the St. Paul meeting last year, three of which were treated by himself, the others by different surgeons. union is reported in all; but in only one is the fracture reported as "intracapsular," and that by Dr. Kinnaman, in a woman of 88 who recovered with onehalf inch shortening. Six years after, at 94, she fractured the neck of the other femur and was treated by Dr. Ruth, with bony union in four weeks' treatment. Another woman of 70, with bony union in four weeks' treatment. An intemperate man of 80, with bony union in five weeks' treatment, and others of similar character and results. Except as mentioned, the report speaks of all others as simply fractures of the In the fairest and most professional spirit, are these claims above criticism? There was but one postmortem and specimen, a drawing of which was presented, by the author, Dr. Maxwell, admits it might have been impacted, but the two inches shortening and crepitus caused him to doubt. Is this case so decisive, and the specimen so unmistakable, as to justify the reporter's statement that it "is sufficient to forever settle the question of nature's ability to repair these injuries if given a chance." If so, why the labored explanations in his concluding remarks in response to certain criticisms of the case? He states, "If the fracture had occurred in the hands of a man of slight experience and ability, he might have questioned the diagnosis," etc. He says justly that the only point where you can see evidence of solution of continuity externally is the roughened line on the anterior surface of the neck nearer to the head than to the intertrochanteric line, and that this "never occurs except in a neck previously broken," because there is no fibrous attachment to this portion of I don't believe this statethe neck. ment can be sustained, and we know now that McClellan's statement (Regional Anatomy, 1892, Vol. II, p. 237), "that in consequence of the neck within the synovial membrane, not being provided with a proper periosteum, there is no possibility of obtaining bony union after an intracapsular fracture of the neck of the thigh," is not tenable. Through a branch of the internal circumflex artery the periosteum of the neck is better supplied with blood. This, with the cancellous tissue of the fragments and the ligamentum teres, may give sufficient nutrition to repair the fragments with bone, if other conditions are favorable. If, according to Ruth, there is not the proper material to produce bony deposits, osteophytes, as observed in this case, and as is common in rheumatic, gouty and other subjects from disease and injury, how does he explain it as a result of fracture or bony union at this point, even in very old subjects, in the short space of four weeks. Then, if the fracture line, as in this case, was "so close to the base of the neck," why, according to the reporter's theory, should you have had the bony deposits or roughened line on the anterior surface near the head and some distance from the line of fracture? And, if a fracture one inch distant produces this condition, why should not inflammatory conditions produce it with or without injury? These deposits and rough places about the neck and hip joint are common in reality without fracture.

No considerations as to fractures of the femoral neck are legitimate without discrimination as to the exact location of the fracture, and without this no deductions are logical or just. the base of the neck it must be partly without the capsule, therefore union is more certain and should be anticipated in all cases. If the fracture is at the small part of the neck, it is wholly within the capsule and bony union is more doubtful. In the former immediate shortening is greater and crepitus more pronounced. In the latter immediate shortening is slight or absent, but gradually increases unless bony union is secured. In this form the blood supply is much less abundant, therefore accurate coaptation of fragments, fixation and time are all of more than ordinary importance. learn from these reports that by simply controlling the muscles by extension. absolutely perfect results are obtained at any age in the short space of four weeks. I confess it requires an easy credulity to accept the statement.

In the treatment of fracture of the small part of the neck, it is my conviction that we must seek better results through more perfect and longer fixation of the fragments, and that these can be more certainly attained through nailing or pegging through the trochanter major. The measure should receive more consideration in future, and it should be strengthened in the fact that neither old nor feeble people bear prolonged confinement well, and these are the more common sufferers from true intracapsular fracture. In fracture at the base, bony union is not only more certain but more prompt. It is in this form that impaction concerns and interests us most. The neck is forced into the trochanter, either crushing it or splitting it, or simply becoming fixed if the trochanter is not crushed or badly comminuted. The extent of the impaction will be the chief measure of the shortening. The uniform teaching and practice is not to break up the impaction, because with it bony union is certain, and doubtful without it. But there is no good reason, with proper treatment, why union by bone should not be obtained with reduction of the impaction. If the subject is old or feeble, greater care should be exercised not to dislodge the impaction. In no case should it be done unless the leg is seriously disabled by extreme malposition. case, in a suitable subject, it is, I believe, the duty of the surgeon to make the necessary correction and then treat the case as I have described on a former occasion, with the addition of lateral traction, if desired, in the endeavor to control the rotator and adductor muscles.

In a still more recent paper on the "Anatomical Treatment of Fractures of the Neck of the Femur," Dr. Ruth says that all authorities agree that bony union is not obtained because the fragments are not accurately brought together. This is not my understanding, as to the fractures under consideration. which is that authorities have quite fully, if not uniformly, agreed that non-union is due primarily to deficient blood supply to the upper fragment, and, secondly, to the age of the patient, in which nutrition from good blood support is still one of the highest im-The neck, as shown portance. Royal Whitman, may bend in young but it seldom completely breaks at the small part of the neck under fifty years of age, while not uncommon in older subjects. The older or more feeble the patient the more doubtful is bony union. Radical or dogmatic claims, which revolutionize results, and change the medico-legal status of a question, should appeal, with unerring precision and logic, to the experience and judgment of the profession, for they must stand or fall by this test.

Without improved methods and results, progress is impossible; but we must be convinced by conclusive data and demonstrable evidence that a new departure is an improvement and more perfect results beyond question before accepting them.

Opthalmology.

Conducted by Melville Black, M. D.

In the August number of the Journal of the American Medical Association two very important papers appear, one by Dr. John O. McReynolds of Dallas, Texas, on the "Nature and Treatment of Pterygium," and the other by Dr. George F. Suker of Chicago on "Thiosinamin."

Dr. McReynolds holds that pterygia are due to irritative causes, and most common in climates that have high winds, dust, heat and strong light and dry atmosphere. He differs from Fuchs in that he finds pterygia in young adults and even in children, whereas Fuchs finds pterygia in subjects past middle life.

Dr. McReynolds first described his operation in the Ophthalmic Record some two years ago. He has had no occasion to modify it since then. is as follows: The neck of the pterygium is grasped with forceps and pulled away from the globe while a cataract knife is passed beneath it close to the sclera and thence over the cornea, shaving the head of the pterygium from its attachment thereon. An oblique incisior, is now made along the lower border of the pterygium and the body of the growth dissected from its attachments. A pocket is now made below by dissecting subconjunctivally to a point about a quarter of an inch below the cornea. Two needles, at either end of a fine silk suture, are

passed through the head of the pterygium from without inwards and are carried into the pocket to emerge through the conjunctiva about onefourth inch below the lower corneal margin and tied. The head of the pterygium is thus pulled subconjunctivally to its new point of fixation. The lower edge of the pterygium slides underneath the conjunctiva below, and the body of the pterygium is stretched and thinned by the traction, thus covering smoothly the globe between the cornea and inner canthus. If the cornea is overridden by this stretched tissue. the latter is trimmed away to the sclero-corneal junction. The suture is removed as soon as the head of the pterygium is fixed in its new position, which is usually in three or four days. If the growth is large and fleshy and has extended well over onto the cornea it is well to trim off the head and possibly some of the body of the growth before passing the sutures.

The discussors of Dr. McReynolds' operation were most enthusiastic in its support. Those taking part in the discussion were Drs. Savage of Nashville, Casey Wood of Chicago, Jackson of Denver, Weeks of New York, Holt of Portland, Me., and Suker of Chicago. The universal opinion was that Dr. McReynolds deserved a great deal of credit for his high perfection of the operation of evulsion.

Dr. McReynolds' practice is in a country where pterygia are very active in their growth and are very prone to recur after removal. His success proves the merits of his procedure. In some sections of Colorado practically the same conditions obtain as in Western Texas, but generally speaking this applies to only a small portion of our I see in my practice comparatively few pterygia, and find but a small proportion of these active. My simple excision operation has given me much satisfaction, but I am free to confess that I believe Dr. McReynolds' operation is a more universally safe and sure procedure than any I know of.

Dr. George F. Suker on "Thiosinamin" dealt with the use of this drug from an ocular standpoint. Its chemistry is briefly that of an alkylated urea. It is obtained from the black oil of mustard seed in the form of a crystal. Physiologically it is an alterative, belonging to the same group of remedies as iodin and mercury. It is a gastric tonic. It is an active gland and lymph stimulant and in addition it always produces hyper-leucocytosis. He finds the indications for its use are: Corneal opacities from any cause. 2nd. Cicatricial contractions following tracoma. 3rd. Certain intraocular inflammations, as exudative choroiditis. 4th. Symblepharon. 5th. Capsular opacities

following cataract extractions. 6th. Ectropion, especially cicatricial. Plastic iritis. He says thiosinamin can be given for varying lengths of time, from one month to two years. After the patient has been taking it for five or six weeks it is advisable to intermit a week or ten days and then begin again. In some cases it must be given for several months before any appreciable effect is noticed. The weight of experience is in favor of three-grain capsules once or twice daily. He has used subconjunctival injections of a 10 per cent aqueous glycerinated solution, injecting 15 minims three times a week. If the eve is cocainized the injections are not painful. Whether they will accomplish more than the other methods of treatment is an open question. Thiosinamin should not be given to tubercular subjects as it is found to aggravate the disease. Dr. Suker has used thiosinamin persistently for a number of years and is therefore well qualified to speak upon it. It was through him that my attention was first called to it. I have used it for about six years, and have tried it in a number of cases and have always been pleased with it. I have never seen any unfavorable symptoms arise from its administration. I believe it to be a safe agent and worthy of trial.

Gynecology and Obstetrics.

Conducted by C. L. Wheaton, M. D.

INTESTINAL OBSTRUCTION DUE TO UTERINE FIBROID, LAPAROTOMY, DEATH.

Prof. Chauvannaz of Bordeaux, re-

ports the following in the Revue Mensuelle Gynecologie Obstetrique et Paediatric: The woman was 49 years old, had never been pregnant and the

uterus was four times the natural size. Her general health was good with the exception of the loss of appetite, obstinate constipation and large stomach. She complained of a pushed down sensation in the abdomen but had no pain or vomiting. The next day the doctor found a tumor in the hypogastric region that seemed to be attached to the uterus. The menses were always regular, lasting from one to ten days. She had some bloody discharge for the last four days, with a slight elevation of temperature (38° C.). The fifth day vomiting appeared together with suppression of feces and passing of gas. Laxatives were administered and the next day small fecal matter was evacuated. The pulse was 104, the temperature 37.2° C. By reason of her extreme condition operation was decided Chloroform was administered, and the incision was made in the left iliac fossa. In the region of the tube a certain quantity of sero-sanguineous fluid was The cecum was completely A part of the large intestine empty. was attached to the body of the uterus by numerous fibroid adhesions. intestines were extremely congested and in places becoming gangrenous. While the operator was breaking up the adhesions, the patient vomited a large quantity of fecal matter. Shortly afterward respiration stopped death took place immediately.

The tumor that caused the intestinal obstruction was an elliptical fibroid attached to the body of the uterus by a pedicle. It measured 16 centimeters around and weighed 460 grains.

STERILITY IN THE UNITED STATES.

The following editorial is quoted from the American Gynecological and Obstetrical Iournal: "For some time we have been accustomed to look with interest upon the decreasing fecundity of the French nation, and upon the various plans devised to avert a gradual national extinction, but it would appear that it would be well to devote our attention to a similar state of affairs home, where, according to Dr. Engelmann's statistics, startling conditions confront us. His conclusions are based upon a study of 1,700 cases, and he says that nowadays 20 per cent of married women are childless, while in the early days of the country only 2 per cent were sterile.

It appears, therefore, that the causes of this excessive increase of sterility are both moral and physical. frequency of relative sterility and decrease of fecundity as luxury and comfort increase, point strongly to other causes than uterine disease. causes of divorce we know to be moral. It seems to us that in his conclusions too little allowance is made for the mere decrease of vitality that follows upon civilization and refinement, entirely aside from the deterioration of the moral sense due to these factors. For, whereas medical skill has prolonged the average length of life among highly civilized nations, such nations, notwithstanding, compare poorly in physical vigor with those living under more natural conditions, and it is fair to assume that they would suffer in fecundity as well. At all events, it must be recognized that a certain proportion of marriages will be barren. For those cases in which sterility is the result of the physical condition, much can be done in the present state of gynecological science.

THE CONTROL OF UTERINE HEMOR-RHAGE.

The Journal of Medicine and Science recently reported the following case: "The woman, 42 years old, had a climacteric hemorrhage. The uterus was subinvoluted and prolapsed. The right tube and ovary were enlarged when the patient first came under observation. She had been bleeding continuously for seven days. The doctor gave fluid extract of ergot in drachm doses every four hours and packed the vagina. At the end of two days there was no improvement; the fourth day atropine was prescribed to meet the constitutional symptoms and solution of adrenalin chloride (1 to 1,000) was now given in 15-drop doses every four hours. In twenty-four hours he found a complete cessation of the flow. The use of the adrenalin solution was continued for twenty-four hours together with hot water douches, and he had no further trouble with the case.

Surgical observations in Berlin. Senn, in American Medicine, is quoted as follows: "Prof. Olshausen occupies to-day the highest position as a teacher of gynecology. As an operator, he is one of the principal attractions of the medical faculty of the university. He left Halle in 1887 when 50 years of age. His success in Berlin has been phenomenal. The clinical ma-

terial over which he has complete con-Four laparotomies trol is immense. a day is a small estimate of his major operations. Everyone of his operations shows the hand of a master. never in haste, yet the operations are performed quickly. The most difficult operations are performed with few instruments. He handles the instruments with accuracy and dexterity that astonishes and charms his audience. His earnestness and enthusiasm in the lecture room and operating room are impressive. Among his private patients are to be found the names of the most prominent families from every country on the continent. His speech and actions are well calculated to inspire patients and pupils with confidence.

He begins his operations at 7 o'clock in the morning and seldom finishes his onerous task before midday. No time is wasted; he is punctual to the minute; his splendid staff of assistants and well trained nurses anticipate all his wants, and the most complicated operations are finished without a hitch or a harsh word. Chloroform by the drop method is the anæsthetic used, sublimate alcohol catgut is the exclusive suture and ligature material used with one exception, intestinal operations, when silk takes its place. Cathartics are given before abdominal section and three days after operation. The day before an operation the patient is given a bath, but the disinfection of the field of operation does not take place until the patient is on the operating table and fully under the influence of the general anæsthetic.

"The disinfection, as well as the

hand disinfection, consists largely in prolonged scrubbing with hot water and soap, followed by sublimate solution and alcohol. The last antiseptic is now considered most important in guarding against stitch abscess.

"The instruments on a tray are placed on a stand within easy reach of the operator. One nurse threads and hands the needles and a second nurse

hands the sponges and dressing material in a receptacle without touching them. The two great rules that should govern the work in every operating room are displayed conspicuously. These rules are 'Noli tangere' and 'Favete linguis.' One assistant assists the operator, a second administers the anæsthetic, and a third holds the pulse."

Diseases of the Genito-Urinary System.

Conducted by Donald Kennedy, M. D.

TUBERCULOSIS OF THE TESTICLE.

Abell concludes his paper on this subject as follows: The epididymis is most frequently the starting point of uro-genital tuberculosis. It is usually secondary to some other focus but may be a primary deposition. The testicle is rarely primarily affected, but as a rule secondary to the epididymis. When the epididymis is primarily infected through the blood supply, the process is probably an intra-tubular one. same is the case when it is secondary to the uro-genital foci in other parts of the genital tract. Even distant lesions do not necessarily contraindicate operation since, when operated upon early, there is evidence that the foci in the genital tract recover as a rule, and frequently healing of a distant lesion has been observed following the operation. Castration should be limited to those cases in which the process has invaded the testicle proper. Epididymectomy with high resection of the cord after the method of Villeneuve is to be practiced in all other cases.

GONORRHŒAL EPIDIDYMITIS.

Bocchi reports ten cases of acute gonorrhœal epididymitis and orchitis treated with guiacol in a 10 per cent vaseline salve. The pain is relieved almost instantaneously and disappears permanently after four or five days. The relief of the pain is more pronounced in the more recent cases. Resolution is remarkably prompt under it, and other writers have noticed that the temperature was reduced under this treatment. None of Bocchi's patients were febrile. He has also applied it in two cases of traumatic epididymitis with the same success. The simplicity, convenience and efficacy of the guiacol treatment render it superior to all other remedies in his experience.

RENAL COLIC, RENAL HEMORRHAGE
AND NEPHRITIS.

Senator does not agree with Israel in his assertion that renal colic can be caused by congestive tension or inflammation of the kidney, except in rare cases. Neither is hematuria to be ascribed to this cause. Consequently, incising the kidney is not the proper method of treating renal colic or renal The colic is caused by hemorrhage. adhesions between the kidney and neighboring parts, and the resulting displacements of the organ are probably the cause of the hemorrhage. Talma pointed out some years ago that slight displacements of the kidney, which cause no disturbance in healthy persons, induce nervous renal colic in persons with hypersensitive abdominal ganglia.

Senator bases his statements on Israel's own cases, pointing out that, in his 14 patients, there was no congestion nor tension in 11, and yet the patients were cured after intervention-incision of the kidney—in all probability from the detachment of adhesions. when a focus of inflammation is discovered in the kidney it is not necessarily the source of the colic and bleeding, which are the effect of other causes, except in cases of complete anuria by retention painfully distending the organ. Israel's 14 cases included a number of pyelitis, gonorrhœa, cystitis and movable kidney, suggesting the certainty of adhesion, while other writers have expressly noticed presence of adhesion in other cases.— Journal A. M. A.

SOCIETY REPORTS.

The Denver and Arapahoe Medical Society.

(This report appears in no other medical journal.)

The Denver and Arapahoe Medical Society held a regular meeting May 6, 1902, the president, Dr. Leonard Freeman, in the chair. The minutes of the previous meeting were read and approved.

Dr. S. G. Bonney read a paper on the Sanatorium Treatment of Tuberculosis, which was discussed by Drs. Collins, Beggs and Fisk.

The following five-minute talks were made:

1. By Dr. C. S. Elder, Exhibition of Specimen of Dermoid Cyst.

The pathological specimen I have to exhibit this evening is a dermoid cyst of the ovary. Perhaps three-fourths of all dermoids develop in ovarian tissue. Specimens of this kind are therefore not unfamiliar to those of you who have frequent opportunities of inspecting tumors of the uterine appendages. This cyst contained about one quart of oily substance which solidified on cooling, and a bunch of hair. The constituents

are of the most common kind but of unusual quantity. Larger dermoids than this have been found, but this one is large.

The woman from whom I removed this growth was 57 years old. during the last two years had she been troubled by its presence. Her main complaint was frequent urination. which she attributed to an enormous cystocele. The cyst had so encroached upon her pelvic space that distention of the bladder in the usual direction became impossible. The vaginal outlet was relaxed by a number of labors, so that the aggression of the cyst could be compensated for by a descent of the bladder into the vagina and outward between the thighs.

Dr. Elder's remarks and the specimen were discussed by Dr. Stover.

2. By Dr. W. W. Grant, Exhibition of Specimen of Multiple Fibromyomata.

This specimen was removed by abdominal hysterectomy, January 5, 1901, from a patient 28 years old. It is unusual in that it represents beautifully and exceptionally every location of uterine-fibroids—the pedunculated, subperitoneal, intramural and sub-mucous. There are not less than twenty tumors from the size of a hazel-nut to an orange. Myomectomy could not be considered after the true condition was revealed—a very serious matter in a woman of 28.

The immediate demand for operation was on account of menorrhagia and localized peritonitis, the latter from twisting and strangulation of the pedicle. The patient recovered rapidly

from the operation and left the hospital in two and one-half weeks. There was an interesting sequel worthy of mention. In about a month she commenced to suffer from pain over the sigmoid just opposite the anterior superior iliac process, with moderate fever. She suffered more or less with this pain for about a year, she says. A small circumscribed hard swelling was soon manifest. There was at no time in its history a particle of peritonitis. abdomen was flat, no tympanitis was present and no swelling was detected per vaginam. Before I thought it time to operate a small abscess opened through the rectum. It soon refilled and discharged again. Seeing that the process would be repeated, I cut down directly over the bowel, exposing soft pulpy tissue. Neither intestine nor peritoneal cavity were opened. 'An external fecal fistula resulted. As it did not heal in the course of two months I operated by careful dissection, releasing all adhesions of the colon and, bringing the latter through the wound, ligated the fistula close to the gut. I cleaned the stump well and inverted it, and closed the serous and muscular coats over it by continuous sutures chromicised catgut and closed the abdomen without drainage. was prompt, complete and permanent.

While there was nothing in the history of the case to satisfactorily indicate infection from the field of operation, yet its origin was probably the cervical stump though manifested in an unexpected way.

3. By Dr. Allen H. Harris, Report of a Case of Breech Presentation.

Mrs. W. E. H., American, age 26, primipara, five feet five inches in height, normal weight 125 pounds. She has a good family history and had never been seriously ill.

During pregnancy she had the best of health with few symptoms such as usually accompany this period. Urine was examined from time to time before delivery and found negative. Two weeks before the birth of the child I tried to make out the position of the fœtus through the abdominal wall by external manipulation and palpation according to Lusk, but was unable to settle the position definitely. At this time no vaginal examination was made.

On January 24, 1902, I reached the bedside at 8 p. m. The bag of water had ruptured at 7 p. m. The uterine contractions were moderately strong.

On vaginal exploration I discovered a tense and unyielding perineum. With difficulty two fingers were inserted into the vagina. The cervix was soft and moderately dilated. In pressing the fœtus downward during the intervals between the pains the nates and cleft between the nates were felt, but I was unable to recognize the coccyx, the sacrum, the ilia or any tapping movements from the feet. The diagnosis was right dorso-posterior, R. Post. Sacral.

I remained passive till 2 a. m. No progress having been made, in the interest of mother and child I decided to administer an anæsthetic and deliver. Dr. C. B. Van Zant was called and gave chloroform. With a degree of hesitancy I applied the forceps over the sacrum and anterior surface of the thigh. On making traction the forceps

slipped off as in a similar case of my own in 1894. The blade of the forceps cut the perineum of the mother in the median line to such an extent that we had a more roomy vagina in which to complete labor.

Under complete anæsthesia I then introduced my right hand and forearm into the uterus and found the limbs extended parallel to the anterior surface of the child's body. According to the high authority of Dr. Barnes, "in some instances at least, this wedge must be decomposed before delivery can be effected."

The fundus was supported by Dr. Van Zant and with difficulty did I succeed in bringing down the right foot. In my judgment to safely deliver both extremities was impossible, but I was positive that the left leg remained parallel with the anterior trunk and was not crossed by the right, and it was not reflected upward over the child's back.

Traction on the right extremity, with firm pressure on the uterus, delivered the child to the umbilicus. Inspection of the cord showed it tense, bloodless and white. We drew it down enough to allow a degree of laxity and delivered the remainder of the child by drawing down the arms and then flexing the head of the child by means of fingers in mouth, etc.

The cord was wrapped twice around the child's neck, thus explaining the tensity and almost rupture of the umbilical cord. The child was resuscitated, the afterbirth delivered and the laceration at once carefully united with silk ligature while the patient was still under chloroform. Six weeks after the birth of the child, examination of the mother at my office showed the parts to be in almost perfect condition. There were a happy husband and mother over the birth of their eight and one-half pound daughter, and truly enjoying the prophecy of the poet who said:

"One and one are two, 'tis true, But if two do marry Then in one year, it's very clear, There are two and one to carry."

4. By Dr. C. G. Hickey, Report of a Case of Acute Parenchymatous Nephritis. This is not a rare sort of case. but one which nevertheless presents enough points of interest to make it worthy our consideration. The case is that of a young man, a university student, 18 years of age. At the age of 5 he suffered from a severe attack of scarlatina followed by an acute nephritis with suppression of urine and general dropsy. From this illness his parents say that he did not recover entirely until he was 10 years old, since which time he has seemed to be in perfect health. On February 20 of this year his father changed his residence, moving into a house in which a case of scarlatina had recently been quarantined for the usual period. Six days thereafter the father was attacked with a tonsilar infection, somewhat severe in character and accompanied by a considerable degree of general redness of the pharynx. There was no eruption. On March 4 or 5 I saw the son with a tonsilar infection, which a culture showed to be negative with regard to diphtheria. It had the appearance of an ordinary streptococcic throat infection. There was no eruption. March 10 I was asked to see the patient and found him with a swollen face and a moderate amount of general cedema. The urine at this time was about normal in quantity, with specific gravity 1020. It contained a very small amount of albumen and, with the use of the centrifuge, showed erythrocytes and leucocytes and large and small granular casts. At this time, May 6, the urine still contains granular casts and a few blood cells.

In the way of etiology there are three possibilities in this case:

First and most remote is that these cases might have been cases of scorlatina sine cruptione which are known to occur rarely, but since both father and son had had this disease before this would seem improbable.

The second is that this acute process may have been but an acute exacerbation of a condition which had been quiescent during the interval of eight years which had elapsed since his apparent recovery from the scarlatinal nephritis.

The third and most probable is that the present attack is due to a streptococcic throat infection as a direct result, just as a nephritis may occur in diphtheria, in scarlatina, pneumonia, erysipelas, measles, septic disease, etc. From the point of view of prognosis it is of importance to determine the causation, since, if it is due to either the first or the last mentioned, recovery might be looked for, while if it be an exacerbation of a condition which was present earlier it would probably show progression and present later symp-

toms of the more chronic interstitial changes.

5. By Dr. Frank A. Greedy, Report of a Case of Syphilis of the Bowels, Simulating Appendicitis.

Mr. F. S. A., farmer, aged 24 years, weight 140 pounds, height five feet four inches, of light complexion, robust and well nourished, had resided in Denver about three months. He was taken sick upon the street with sudden and diffuse abdominal pain, accompanied with vomiting. He was assisted home and a physician was called, who prescribed for him but did not return to see him again. I was summoned to attend him on Februbary 24 at 2 a. m., two days after the first attack, and found the following conditions: Patient was complaining of severe frontal headache and excessive thirst. labored breathing, as is sometimes present in cases of distention from gas. The tongue was coated with a heavy whitish fur, and the breath was extremely offensive. There had been no bowel movement for two days, and he immediately vomited after taking food or water. The pulse was full and bounding and somewhat irregular, 110 beats to the minute, and the temperature was 102°. There was rigidity of the abdominal muscles, together with pain and tenderness (upon pressure) over the whole abdomen. Fullness and enlargement could be distinguished over McBurney's point. The patient also complained of an acute pain extending from the right iliac region to the neighborhood of the right kidney, which became more severe upon pressure and upon changing the position

of the body. He had not slept since the beginning of his illness and, in consequence, was very much fatigued. gave him a quarter grain of morphine hypodermically to relieve the pain and headache, which was partly effectual. He was given sponge baths to reduce the fever. An ice pack was placed over the right inguinal region where the pain was most severe but, the pack seeming to increase the pain, it was changed to hot applications with apparent effect. He was ordered to have high enemas of warm solution of magnesium sulphate, in quantities of two or four pints at intervals of three hours. These were usually retained for some time without inconvenience. The patient seemed to progress fairly well under this treatment until the following day at 4 p. m. when I was hurriedly called and informed that the patient was dying. arrived in a short time, finding him in excruciating pain, with a temperature one degree lower than in the morning. He was in a clammy perspiration, which was no doubt due to the pain, and he was very much depressed. There was circumscribed tenderness over Mc-Burney's point, he had not voided urine since 5 a. m. and there had been no bowel movement in seventy-two hours.

The patient was catheterized, but only a small amount of urine was obtained. I considered the case a critical one, in which surgical interference held out the only hope, and recommended an immediate operation for appendicitis. My suggestion was looked upon with disfavor. I therefore gave a hypodermic of one-half grain of morphine, told the family that the prognosis was

decidedly grave, and went to see other patients. I was called up by telephone at II p. m. and informed that the patient was much worse, that his friends, having gained his consent, desired an operation and requested me to call Dr. I. B. Perkins in consultation. We arrived in a short time and examined the case together, after which he was removed to St. Luke's Hospital, where Dr. Perkins operated upon him an hour later, I assisting.

We found the appendix in a normal condition, there being no evidence of disease in that organ. However, the small intestine was collapsed and entirely empty. The muscular tissue of the gut contained numerous nodules of a greyish blue tint, varying in size from a small shot to large filberts. This condition was found present throughout the length of the intestine and, upon nearing the stomach, the nodules resembled bunches of grapes to the sense of touch. The surrounding tissues and liver seemed to be invaded with the same disease. The abdominal wound was closed and the patient sent to bed. He experienced no further pain or inconvenience, other than the usual sickness following an anæsthetic. recovery was uninterrupted, and he left the hospital at the end of two weeks.

Our diagnosis of this case was syphilis. It may have been tubercular, but the family history and the general health of the patient would tend to exclude any such conclusions. It has been stated that consumption of the bowels is frequently benefited, and sometimes cured, by abdominal section, yet I do not think the cure would be so rapid

as in this case. The fact that specific treatment was followed by such immediate and satisfactory results would seem to imply that the disease was none other. The medical treatment prescribed after the operation consisted in the use of inunctions of mercury once daily. He was given increasing doses of potassium iodide, up to a drachm three times a day. He also received mercury after leaving the hospital, and internally the bin-iodid in 1/12 grain doses.

I have the patient under observation, and shall continue the treatment on the above lines for a year, and thereafter at intervals as the necessity of the case requires.

6. By Dr. Frank P. Gengenbach, An Interesting Case of Tubercular Meningitis, a Large Dose of Apormorphine to an Infant.

F. McC., aged 18 months, fairly well nourished, head large and somewhat square, raised in a boarding house, bottle fed. The father denied tubercular tendency, but I later learned he had had several hemorrhages. The mother, of slender build, was fairly healthy. The baby had been perfectly well until the last two weeks, during which time he had vomited several times, apparently accounted for by the fact that he was permitted to eat practically everything.

Child was taken with severe convulsions about 5:30 p. m., January 9, 1902. Dr. Sharpley, who lived close by, reached there first and when the writer arrived was controlling the convulsions with chloroform, the usual hot mustard bath having had no effect. The

convulsions followed each other rapidly as to be practically continuous. Everything pointing toward a digestive disturbance as the cause, the child was given a soap water enema. pirations becoming shallow and irregular, apparently from accumulation of mucus, we decided to administer an emetic. Administrations by the mouth being out of the question, I suggested apomorphine and 1/30 grain as a dose, although I had never used it in children. There being no result in twenty minutes and the respirations becoming progressively worse, the dose was repeated and again in about half an hour. the child thus getting 1/10 grain apomorphine hypodermically in less than an hour. A few minutes after the last injection the child gave a few hearty coughs, which seemed to remove the mucus, and almost immediately the respirations became slower and fuller. As the preparation was a reliable one. used both previously and subsequently with good effect, the writer can only explain its action in this case by the coexisting poor circulation, and consequent poor absorption. That we later got some of its hypnotic and quieting effect was shown by the less frequent convulsions and accompanying relaxation of the muscular system. It becoming possible to administer medicines by the mouth, calomel, gr. 1/10, with soda, was given every half hour for six doses, followed by a dose of castor oil and that, an hour or two later, with another soap water enema, a good movement resulting. The child was now in a semi-unconscious condition and, although the general convulsive

movements had ceased, there was still rolling of the head from side to side. Bromides and chloral were given by the rectum and toward morning the child slept for a couple of hours. Upon awakening it seemed to recognize its parents, but within an hour relapsed into its former semi-unconscious con-The movements of the head returned and with them a whining cry, more marked when it was moved or There was conjugate deviation of the eyes, which were held partly closed, and the pupils were dilated instead of contracted as is usually Phenacetin, small doses of the case. calomel and Dover's powder were given, also whisky and aromatic spirits of ammonia for stimulation, and beef juice, milk and panopepton for nourishment, which it took well and in large quantities. The next morning the child again became conscious, but, as before, soon relapsed into its usual condition, continuing so for about a week with practically no change. Drs. Pershing and Van Meter were called in consultation. They agreed with the tentative diagnosis of tubercular meningitis, which Dr. Sharpley and the writer had decided upon, but could not account for the dilated, instead of contracted pupils, the soft and somewhat distended, instead of the scaphoid or carinated abdomen, the absence of the usual symptoms of opisthotonus and paralysis. Treatment, which included blisters and mustard plasters to the back of the neck and spine and ice cap to the head, was continued, and some potassium iodide was also given. The temperature, which was rather irregular, but

averaged about 101°, touched normal the second morning and again on the sixth day. The tache cerebrale was not decided, and at no time was there an eruption present. About three days before death the pupils contracted and there was some paralysis of the left side, but no opisthotonus. The temperature shot up to 106 1-5°, but responding to cold sponges, dropped to 99 2-5.° The next day the temperature went up to 104 4-5° and remained high until just before death on the twelfth day. A post-mortem examination of the cranium by Dr. Walbrach revealed a large soft brain, some effusion and numerous tubercles about the Sylvian fissures.

The Denver and Arapahoe Medical Society held its second meeting for May on the 20th of the month at the McPhee building, President Freeman in the chair. The minutes of the previous meeting were read and approved.

Dr. W. C. Bane read a paper on Myopia and Its Treatment*. It was discussed by Drs. Hilliard, S. D. Hopkins and Oettinger.

The following five-minute talks were made:

1. Dr. Walter Hilliard spoke on Iridescent Vision.

As the patient promenades the street some dark evening and looks at an artificial light, for instance a gas flame or an arc light, around the light he sees a ring of beautiful colors embracing all the hues of the spectrum. The flame itself seems almost perfectly clear, but immediately around it there is quite a dark zone. This zone at every point is of uniform breadth, approximately 4°. Around this is the zone of colors. Its breadth also is the same in its entire circumference, about 2°, and its diameter almost 11°. The violet is always on the inner border, the red on the outer.

The diameter of the patient's pupil has nothing to do with the appearance of this ring. Neither have lenses, concave or convex. The ring is always the same in size and arrangement of colors.

Even under similar circumstances it may be days, weeks or months before the patient observes this colored halo again.

This phenomena is the well known iridescent or rainbow vision. Scientifically the former is the more correct term for the patient sees not an arc of a circle but the complete circle.

This beautiful little ring is of far different import to the unfortunate patient than was the magnificently grand rainbow of promise which first greeted the eyes of father Noah. field of semeiology offers no sign more pathognomonic of a given condition than this, none of more ominous sinister significance, telling as it does almost invariably of the dreaded onset of primary glaucoma. Exceptionally it may occur in certain kinds of conjunctivitis and congestive conditions of the eye without increased intraocular pressure, but these cases are readily diagnosticated and glaucoma excluded.

In primary glaucoma despite the very best treatment, pilocarpine, eserine, iridectomy, sclerotomy, sympathectomy, failure to improve vision occurs in perhaps 50 per cent. of the cases,

^{*}Published on page 345.

while about 25 per cent. eventually become totally blind.

The importance of the prompt recognition of the significance of iridescent vision lies in the fact that when first observed the increased tension has not yet inflicted irreparable damage upon the delicate structures of the retina and optic nerve and now, if ever, operative procedures are of real avail.

The five-minute talks were discontinued while Dr. T. Mitchell Burns read a paper on Double Monsters.

- 2. Dr. B. Oettinger discussed various kinds of headache and the treatment applied in cases under his care. His remarks, appearing on page 341 of this number of The Journal, were discussed by Drs. S. D. Hopkins, Stover, T. M. Burns, Delehanty and Hill.
- 3. Dr. A. M. Holmes reported a case of recovery of a needle that had entered the patient's body many years before.

Dr. Holmes' paper was discussed by Drs. Oettinger and S. D. Hopkins. The latter said he was well acquainted with the patient and her family and was positive that there was no hysteria in the family.

4. Dr. Edward C. Hill discussed Albuminuria as follows:

Albuminuria is a sign as important and at the same time as indefinite as fever or rapid pulse. In only a small minority of cases does it indicate real kidney disease. This true, or renal, albuminuria is persistent and generally considerable in amount (except in chronic interstitial nephritis). and there are nearly always tube casts,

anemia and dropsy or uremic symptoms. In the diagnosis of the common or interstitial form of Bright's disease we must consider the pulse and the heart as of equal importance with the urine. Hyaline, granular and blood casts may occur in other conditions than inflammation of the kidneys.

False, accidental or adventitious albuminuria is due to pus or blood from any part of the urinary tract or to semen or vaginal discharges. In pyuria 100,000 pus cells (well mixed daily urine with same volume of staining fluid) equal I per cent. by volume (Esbach's Albuminometer) of albumin. In hematuria, if the ratio of albumin to hemoglobin is above the proportion of 1 to 16, true albuminuria is also present and the hemorrhage is probably of renal origin. A simple practical point in the differentiation of uncomplicated cystitis and pyelitis, is that in the latter disease there is distinct and often decided albuminuria, whereas in the former the filtered urine shows no albumin or only the merest trace.

Physiologic albuminuria does not exist. I am convinced that the so-called cyclic variety is due most frequently to renal irritation by the passage of calcium oxalate and other crystals, and have repeatedly observed the appearance and disappearance of an albuminuria with such sedimentary storms. The postural variety may be either diurnal and orthostatic (due commonly to vaso-motor insufficiency in adolescents) or nocturnal and hypostatic (due to pressure of an enlarged spleen on the left renal vein). Dietetic albuminuria may follow the excessive

ingestion or imperfect digestion of eggs, meat, cheese, root-beer or ginger ale.

The albuminuria of the circulatory type may be temporary or permanent and is commonly due to passive congestion from organic cardiac, pulmonary or hepatic disease, though it may be induced by active hyperemia as from a hard bicycle ride. The nervous type of albuminuria is closely related to the circulatory, depending chiefly on high or low blood tension. I have known an epileptic attack to be mistaken for uremia because of the presence of a little albumin in the urine after the convulsion.

Hæmic albuminuria may accompany any abnormal blood change or cachexia and all forms of gastro-intestinal autointoxication. In diabetes mellitus, albuminuria, caused by the irritant effect of the sugar, is present in one-third of all instances. In toxic albuminuria from turpentine, cantharides, arsenic, carbolic acid, etc., the urine is often bloody or discolored. Febrile albuminuria is a combination in varying proportions of the hemic, toxic, circulatory and renal form. It is common in nearly all acute infections and, if considerable, adds to the gravity of the prognosis. In diphtheria, the nephritis occurs during the general attack.

Scarlet fever is often so mild in character that a physician is not summoned or the diagnosis made until some weeks later, when an acute nephritis supervenes. The obstructive form of albuminuria is accompanied with temporary or permanent diminution of urine, and may be the result of

an impacted calculus, twist of the ureter by a displaced kidney, pressure on the ureters by a tumor or the pregnant uterus, peritonitic adhesions, ureteral tuberculosis, stricture of ureter, or the uric acid imfarcts of infants. The albuminuria of pregnancy is of complex character, depending in part on pressure, partly on autotoxemic irritation and, to some degree perhaps, on hydremia and increased blood pressure.

In conclusion allow me to repeat that albuminuria and Bright's disease are not synonymous, and that the mere finding of albumin in the urine simply points the way to further search with the centrifuge and microscope and approved methods of physical examination.

- 5. Dr. Philip Hillkowitz reported a case and exhibited a specimen of a carcinomatous liver.
- 6. Dr. H. G. Harvey reported a case of sudden temporary cessation of the radial pulse on one side due to injury.

Dr. H. G. Stover, chairman of the committee appointed to draw up resolutions on the death of Dr. John S. Miller, presented the following resolutions which were ordered to be spread upon the minutes:

WHEREAS, The membership of the Denver and Arapahoe Medical Society has again been invaded by death taking from us one of our valued members; therefore be it

Resolved, That by the death of Dr. John S. Miller this society has sustained a distinct loss. His professional ability, his unfailing courtesy and his steady courage in the face of

heavy odds have caused him to be respected as a physician and admired as a man; and be it further

Resolved, That, as a lasting testimonial of our appreciation of the worth of our late co-laborer, these resolutions of respect be spread upon the minutes of the society, and that a copy of the same be sent to his family, not in the expectation that this expression of our esteem can lighten

their grief, but as an assurance of our deep sympathy and heartfelt condolence.

(Signed) G. H. STOVER, M. D. H. G. HARVEY, M. D.

Dr. G. H. Stover was elected to fill the vacancy on the board of censors caused by the death of Dr. John S. Miller.

The society adjourned to meet at the same place in September.

Cripple Creek District Medical Society.

(This report appears in no other medical journal.)

The July meeting of the Cripple Creek District Medical Society was held in the office of Dr. Liggett in Cripple Creek on the 18th of the month. Fourteen members from different points in the district were present. President Driscoll occupied the chair.

Dr. B. S. Roseberry was elected to membership, and the name of Dr. W. M. Smith was referred to the bord of censors.

Dr. A. I. Hayes of Goldfield presented as a clinic two patients suffering from hereditary ataxia, and read a paper on that disease.*

DISCUSSION.

Dr. Magruder considered the paper very interesting, showing a great deal of work on the part of the author. He has a case in the county hospital diagnosed locomotor ataxia which he would like to have Dr. Hayes examine. On inquiring whether the patients, at the

present time, were taking any medicine, and being informed that they were not, he suggested that iodide of potasisum be given them in gradual increasing doses.

Dr. Pennock said that the study of rare diseases was of advantage to the physicians, and he felt that the members of the society had been benefitted by having attention called to these cases, which are certainly very rare.

Dr. Driscoll stated that he was acquainted with the family of the patients. He had heard that the parents were first cousins, which might be a factor in the etiology of these particular cases.

Dr. Thomas enjoyed the paper very much. It is very advantageous to study these rare cases that we may differentiate them from the more common ones.

Dr. Cohen found the paper interesting and instructive. He had seen similar cases in the New York hospitals. He would ask the author for the diag-

^{*}Published on page 338.

nostic symptoms between these cases and locomotor ataxia.

Dr. Hayes replied: "By the absence in these cases of the Argyle-Robertson pupil, nystagmus, girdle and shooting pains."

Dr. Dunwoody spoke of the causes of this disease, which are very remote, extending back possibly for several generations; at the same time, could we but trace the history of the family, syphilis would be found, which in a changed form perhaps, is the principal causative factor.

Dr. Liggett considered the paper a very creditable one in every way and hoped to see it published in the MEDICAL JOURNAL.

Dr. Hayes, in closing, stated that at first he had been very much puzzled by the cases in hand, but after a close study of them, arrived at a diagnosis.

After the discussion of the paper, resolutions of condolence upon the death of Dr. George E. Tyler and Mrs. Hereford, wife of Dr. J. H. Hereford of Cripple Creek, were passed. The resolutions on the death of Dr. Tyler were as follows:

"Resolved, By the Cripple Creek District Medical Society in regular session assembled, that in the death of Dr. George E. Tyler of Denver, late secretary of the state board of health, we have lost a most efficient health officer and that we deeply feel the personal loss to our community and to the state.

"That as secretary of the state board of health his untiring efforts to combat disease disastrous to the state are highly appreciated by the physicians of this district.

"That to his wife we express our sympathy in her bereavement."

The nomination and election of officers for the ensuing term of six months resulted as follows:

President—Dr. W. T. Liggett, Cripple Creek.

Vice President—Dr. G. W. Deemer, Victor; Dr. J. A. Manley, Cripple Creek; Dr. A. I. Hayes, Goldfield.

Secretary—Dr. M. D. Gibbs, Cameron.

Treasurer—Dr. H. G. Thomas, Victor.

Censors—Dr. W. F. Driscoll, Goldfield; Dr. J. A. Dunwoody, Cripple Creek; Dr. J. B. Gaston, Cripple Creek; Dr. George McKenzie, Victor; Dr. Katherine Polly, Elkston.

Denver Clinical and Pathological Society.

(This report appears in no other medical journal.)

The Denver Clinical and Pathological Society held a regular meeting May 9, 1902, in the offices of Dr. Stover, the members being the guests of Drs. Stover, Warren, Beggs, Bourquin, Hill

and Rogers. Dr. Melville Black, the president, occupied the chair.

There were no committee reports or propositions for membership.

No patients or new instruments were shown.

Dr. Craig exhibited specimens as follows: I. Cancer of the cervix; 2. Sub-mucous fibroid of uterus; 3. Uterus with cancer of the fundus and cystic appendages. The operation on this was performed by the supra-pubic route. 4. A case of general cystic disease of the breast known as maladie Reclus in a woman 58 years of age, who had never been pregnant. The cases were discussed by Dr. Freeman.

Dr. Perkins reported a case of a woman taken with pain in the abdomen and signs of the extra-peritoneal form of rupture or simulating acute appendicitis. The operation disclosed a bunch of strangulated omentum the size of a hen's egg and evidence of an old lesion of the appendix. The patient recovered.

Dr. Beggs reported a case of rubella with unusually high temperature and severe tonsilitis with extensive lymphatic involvement. Of interest was an eruption on the gums and buccal mucous membrane simulating Koplik's spots. The eruption was profuse, discrete, and the spots of a more decidedly white color. The case was discussed by Dr. Levy.

Dr. Hill reported a case of a middleaged man with a long alcoholic history whose urine contained crystals of leucine and tyrosin. A diagnosis of hypertrophic cirrhosis of the liver was made. The case was discussed by Dr. Whitney.

Dr. Stover reported a case of autumnal fever with daily chills. The administration of quinine failed to stop the chills and caused an eruption. The combination of methylene blue and quinine, however, proved effective.

Dr. Jackson reported a case of inflammation of the accessory lachrymal glands of the upper part of the upper lid. The characteristic of this disease is that there is some chemosis and no tendency to open except on the inner surface of the lid about one-third of an inch from its edges.

Dr. Mann reported a case of syphilis in a person aged 47 with ulcer of the lip, the ulcer first starting on the nose one and one-half years before. Specific treatment healed the ulcer in two weeks. Discussed by Drs. Whitney, Kenney, Craig and Black.

Dr. Waxham reported a case of phlebitis following a pulmonary hemorrhage two weeks previous.

Dr. Packard reported: 1. A case of fracture of the internal condyle of the humerus causing no dislocation of the bone and giving no crepitus. The case was treated as a fracture. After the removal of the dressing, increasing stiffness followed the use of the arm and the skiagraph confirmed the diagnosis of fracture. 2. Boy with a compound fracture of both bones of both arms three inches above the wrist. Skiagraphs of both cases were shown. Discussed by Dr. Rogers, who also reported a similar case.

Dr. Childs discussed X-ray work done in Chicago and also showed a number of excellent skiagraphs. The skiagraphs exhibited were discussed by Dr. Stover, who also spoke on the use of the induction coil in X-ray work

Dr. Black reported the use of 2 per cent methylene blue solution in follicular tonsilitis and discussed its value as a staining solution to show lesion of

epithelum in treating corneal ulceration.

The society then adjourned. There

were thirty members and two visitors present. F. W. Kenney M. D., Secretary.

NEWS ITEMS.

Dr. Denison of Denver has received from Drs. Gearhardt and Fraenkel, whom he met in London, the appointment as corresponding associate member for America of the Central Bureau for the Prevention of Consumption. This is the National Association at Berlin, and has but five American representatives.

CENTRAL INTERNATIONAL BUREAU FOR THE PREVENTION OF CONSUMPTION.

Dr. Charles Denison, one of the five American corresponding members of the Central International Bureau for the Prevention of Consumption, has received a communication from Dr. Pannwitz, secretary, urging him to be present and to encourage the attendance of other delegates. The meeting will be an important one and the following five general classes of subjects will receive discussion:

- 1. Position of the government with regard to the prevention of consumption.
- 2. Need of compulsory notification to police (presumable this will also include health department).
 - 3. Organization of dispensaries.
- 4. The task of the schools with regard to the prevention of consumption.
- 5. Precautions against the danger of milk.
 - 6. Tuberculosis during infancy.

- 7. Precaution of labor and prevention of consumption.
- 8. Classification and different means of accommodating consumptives.

Other communications will be presented to similar circles of the society.

Opportunity will be presented for inspecting och's establishment for infectious diseases, the Royal Clinical Institute for the Treatment of Consumptives, the Royal Board of Health, the new Clinical Hospital for Laryngeal Diseases, and especially the four sanitariums open by the Country Insurance Department of Berlin for convalescents and consumptives of both sexes near Beelitz in the neighborhood of Potsdam. Due attention will be paid to the social entertainment of the delegates.

It will be very desirable if members of the medical profession of the Rocky Mountain region could find it possible to attend the meetings of this bureau, which will be held in Berlin, October 22-26, 1902. Dr. Denison would be very pleased to hear from any who think it probable that they will attend.

Dr. Edward C. Branch, secretary of the North Dakota State Medical Society, has removed from Wheatland to Fargo, N. D., where he will devote himself especially to mental and nervous diseases.

The following is taken from the daily papers of last month: post-mortem examination which has just been concluded at the Roswell track shows that Gold Standard, a horse owned in Denver, did not die of gastritis, as was at first supposed. The finding of the clot of blood in one of the ventricles of the heart leads the surgeons to think that death was due to the wind storm that swept the track during the race. The great exertion put forth by the horse against the violent wind caused a rupture which resulted in death." The foregoing paragraph will simply call to mind the fact that a considerable amount of experience in pathological work is necessary to justify, in many cases, an opinion as to the cause of death. It is a well known fact that in many diseases, blood clots form in the heart during the death agony, or very soon after, and that these blood clots are in nowise to be regarded as a fatal agency. Veterinarians are not the only ones who frequently fall into this error.

The trustees of the Denver Charity Organization met at the First National Bank June 21, and made the following appropriations for the coming year: Central office, \$5,000; Denver Orphans' Home, \$3,800; St. Vincent's Orphanage, \$3,200; Ladies' Relief Society, \$3,000; House of Good Shepherd, \$1,200; Tabernacle Free Dispensary, \$200; Children's Home Society, \$500; Hebrew Ladies' Benevolent Society, \$1,600; North Side Charity Organization Society, \$500; Visiting Nurses' Association, \$900; Florence

Crittenden Home, \$900; Colorado Maternity and Children's Hospital, \$900; W. C. T. U. Mission, \$400; Colorado Humane Society, \$1,800; Working Boys' Home, \$1,200.

In our last number we mentioned the honorary and literary degrees conferred upon two of the Denver surgeons. Another has been likewise honored. The Arkansas Normal College of Jamestown, Ark., has conferred the degree of Doctor of Philosophy upon Dr. R. E. LeMond, formerly professor of ophthalmology in the Gross Medical College. Dr. LeMond had received his degree of Bachelor of Arts from the University of Nashville in 1879, and his Master's degree from the same institution in the following year.

The Denver Emergency Hospital was opened to the public June 28, at Fourteenth and Curtis streets, Denver. The building has been thoroughly fitted for hospital purposes, and contains three wards and six private rooms. The following officers are in charge: Dr. W. W. Grant, president of the board of directors; Mrs. S. W. Wheeler, general manager of the house; Miss J. C. Quinn, matron, and Misses Elda McNairn and Victoria McNairn, nurses.

Dr. O. M. Gilbert of Boulder has recently returned from Johns Hopkins, where he has been doing post-graduate work for the past six months.

Dr. W. Smith, 1902 graduate of the New Orleans Medical College, has decided to locate in Cripple Creek. Dr. Will B. Davis has removed from Pueblo, Colo., to Guadalajara, Mexico, which he will make his permanent residence. His removal will be a distinct loss to the profession of Pueblo and a gain in his new home. We wish him the best of good fortune and trust that he will find the change will redound to his advantage in every way. He is certain to make numerous friends there as he has in Colorado.

Dr. M. E. Miles of Boulder, recently appointed lieutenant sergeant of the Colorado National Guard Hospital Corps, is organizing his men preparatory to doing some excellent work. He is planning to have instruction given in first aid, minor surgery and sanitary science.

Dr. Minnie C. T. Love has resigned her position on the board of control of the State Industrial School for Girls. Her position was filled by the appointment of Mrs. John B. Hunter.

, Several of the physicians of the Cripple Creek district attended the state society at Pueblo, and were all much pleased with the courtesies of the profession of that city.

Dr. L. Chamberlain of Victor removed in June to Steamboat Springs, Colo., and will have a drug store there in connection with his practice.

Dr. B. S. Roseberry of Victor removed June 15 to Raton, N. M., and has taken charge of the Raton coal and coke office at that point.

Dr. L. M. Giffen, dean of the Colorado School of Medicine, is taking a month's vacation, fishing and hunting in North Park.

Dr. W. W. King has recently located in Cripple Creek, and has taken offices with Dr. V. R. Pennock, Welty block.

Dr. George O'Brien of Boulder has just returned from a two weeks' service as interne at Mercy Hospital, Chicago.

Dr. Cattermole of Boulder will spend his vacation in Routt county, hunting and fishing. He starts on the 14th.

Dr. E. H. Robertson of Boulder returned on the 1st inst. from his vacation in Michigan.

BOOK REVIEWS.

A TEXT-BOOK ON PRACTICAL OBSTETRICS. By Egbert H. Grandin, M. D., with the collaboration of George W. Jarman, M. D. Third edition, revised and enlarged. F. A. Davis &

Co., publishers, Philadelphia, New York and Chicago.

The work is a neat volume of 505 pages, illustrated with 52 full-page photographic plates and 105 illustra-

tions in the text. Part I treats on Pregnancy, Part II, Labor, Part III, the Puerperal State, and Part IV, Obstetric Surgery.

This division of the subject matter enables one to readily, and with accuracy, refer to any given subject in teh field of obstetrics. The student and general practitioner will find this volume an exceedingly valuable addition to his library as a work of reference.

The subject of obstetrics is exhaustively treated in a practical way, and the volume is not filled with abstract knowledge.

Special attention may be called to the chapter on Embryology, concisely written and in language plain to the student, a subject usually difficult to comprehend.

The half-tone illustrations are taken from the wards of the hospital, and accurately portray scenes in the lyingin room.

The illustrations throughout the volume are original and well reproduced.

As a work of reference we can heartily recommend the volume to both students and practitioners of medicine.

C. L. W.

THE DISEASES OF THE NOSE, THROAT AND EAR, by Charles Prevost Grayson, A. M., M. D., Lecturer on laryngology and rhinology in the Medical Department of the University of Pennsylvania; Physician in charge of the department for diseases of the nose and throat in the hospital of the University of Penn-

sylvania; Laryngologist and Otologist of the Philadelphia Hospital. Illustrated with 129 engravings and 8 plates in colors and monochrome. Lea Brothers & Co., Philadelphia and New York.

The author begins his preface as follows: "If this volume shall be found to possess one feature that will serve both to justify its appearance and to distinguish it from its admirable predecessors, the author thinks it will be in the section on treatment and in the constant thought he has given to those who wish to know what to do and how to do it." This sentence forms the keynote to the work. It is essentially a practical work, not in the sense that the scientific portions of the subject are neglected but that special stress is laid upon the application of the scientific knowledge which is amply discussed to the actual cases seen in practice, and directions for treatment are given in such detail and in such a way as would be proper by a teacher to his class or individual students, and for this nothing but praise can be given. The same painstaking care has been expended in the treatment of the other subjects pertaining to the work, all of which tends to make it a volume desirable, especially for the general practitioner and the student. Brilliant generalizations which generally convey no information, but usually serve to befog and cover ideas perhaps already imperfect, are carefully avoided. The author never leaves the reader at a loss to understand exactly the thought wished to be conveyed nor any of the details of the successive steps which in his opinion are best to be taken for the condition under consideration.

Of the mechanical get-up of the book but little need be said. It is printed on excellent paper, the typography being especially good. The numerous plates and illustrations add very considerably to the work.

PROCEEDINGS OF THE NEBRASKA STATE MEDICAL SOCIETY. Thirtythird session, 1901. Western Medical Review, publisher.

This work, in addition to the list of the officers, members, and the minutes of the meeting, contains the addresses and papers read at the meeting of the society held in Lincoln, Neb., May 7-9, 1901. There is a great deal of valuable material stowed away between the covers of the volume.

HISTORY OF MEDICINE. A brief outline of medical history and sects of physicians from the earliest historical period, with an extended account of the new schools of the healing art in the nineteenth century, and especially a history of the American Eclectic practice of medicine never before published. By Alexander Wilder, M. D., honorary member of the Liverpool (Eng.) Anthropological Society, late Professor of Physiological and Sociological Science, and Secretary of the National Eclectic Medical Association of the United States, etc., etc. First thousand, price, cloth, \$2.75 net. England Eclectic Publishing Co., New Sharon, Me. 1901.

A knowledge of the history of medicine would be well for every practitioner to have. For him to know the sources from which his present theories have sprung would tend to broaden his conception and to cause him to avoid falling into error and propound, as new discoveries, views and facts which have sprung up repeatedly, only to be as often rejected as experience widened.

The present volume may be properly divided into two portions. The first, occupying some 280 pages, portrays a history of medicine from the earliest days of which we have any record, or even tradition, to the opening of the nineteenth century. A description of the earliest schools of medicine is, of course, necessarily very brief as the knowledge concerning them which is obtainable is very limited. A sketch, however, is given of the practitioners who have made themselves famous and of the various advances which have been made. The author shows in this portion of the work to a very marked degree historical temperament. and prejudice are marked by their absence.

The major part of the work, as the title would indicate, is devoted to a sketch of the origin, struggles and progress of especially the Eclectic school of medicine, and presents rather at length a history of the development of Eclectism, especially throughout the United States, although a short sketch of its growth in England is also given. As a source of information for future investigators when the heat of conflict shall have passed away, it will prove very valuable.

A work of this sort should really prove one of the most powerful weapons against sectarian medicine. Any one of the various irregular, limited, and more or less deficient systems of practice can doubtless present a similar record, and in these records are portrayed really the very elements of failure, which perhaps are less marked and less powerful in the Eclectic school than in any of the others. The very elements which they themselves advocate must prove a source of weakness and a vulnerable point to their ultimate development.

PATHOLOGICAL TECHNIQUE. Practical Manual for the Pathological Laboratory. By Frank Burr Mallory, A. M., M. D., Assistant Professor of Harvary University Pathology, Medical School: Assistant Pathologist to the Boston State Hospital; Pathologist to the Children's Hospital and to the Carney Hospital, and Thomas Homer Wright, A. M., M. D., Director of the laboratory of the Massachusetts General Hospital; Instructo r in pathology, Harvard University Medical School. 105 illustrations. Price \$3.00 net. W. B. Saunders, 925 Walnut St., Philadelphia, Pa.

The growth of the laboratory as a most important adjunct in scientific medicine is perhaps the most striking development of the nineteenth century. Until a few years ago the use of the microscope was practically confined to laymen who endeavored to become

masters of it in all its various fields of application. The day of the general microscopist has disappeared. Microscopy as an end has grown and died. It is now universally recognized as simply the servant of the various branches of science, each of which has its own technique.

But a few years ago it was an exception for a physician to have any practical knowledge of microscopical or bacteriological methods. Now he is not only expected to know of them but is also required to make practical application of them in his practice, and consequently a considerable demand for works giving the various methods of preparation has been created. The present volume forms one of the most satisfactory in the field which its title indicates.

Part I is devoted to post-mortem examinations, beginning with a few general considerations which it would be well for every physician to take unto himself. Then it takes up a discussion of the external examination of the body and also the internal examination of the body, in which the points to be noted, the methods of removal of the tissues and the sections which are to be made are carefully outlined.

Part II considers the subject of bacteriological examinations. A brief description of the various apparatus which will be needed is given. Then follows a delineation of the preparation of the various culture-media, general and special. The mode of making bacteriological examinations at autopsies is then taken up and discussed at some length. Under the heading, "The

Methods of Studying Bacteria in Cultures" is found a description of the methods of making cover glass preparations from cultures, the methods of obtaining pure cultures, the inoculation of animals and cultivation without oxygen. Under the title "Bacteriological Diagnosis" is given a brief description of the various pathogenic microorganisms. Then the application of bacteriology to the practice of medicine is presented.

Part III, devoted to histological methods, describes the various instruments, materials and methods of preparation to be followed in making histological and pathological examinations of the tissues. It contains many formulæ which have been proven and found good.

THE PRACTICE OF OBSTETRICS, by American authors. By Charles Jewett, M. D. Second edition, revised and enlarged. Lea Bros. & Co., New York and Philadelphia.

The work is a single volume of 786 pages, including the index. There are 445 engravings, 48 of which are in colors, and there are 36 colored plates.

The list of contributors to this volume contains the names of men all prominent in their respective specialties. The work is thorough and exhaustive. The subject matter contributed by representative men in the medical profession at once elevates the work to an exceedingly high standard.

The various subjects discussed all bear evidence of painstaking care and a thorough knowledge of the matter under discussion. Special attention may be called to the chapter on Ectopic Gestation of Professor Fernand Henrotin. This deals in a masterful way with this most interesting pathological condition, the text being supplemented with colored plates and half-tones taken from the operating room.

A great deal could be written in praise of the volume did space permit. As a work of reference, we doubt if it has any superior. It should be found on the shelves of all good medical libraries. To all students who wish a more exhaustive study of obstetrics, we heartily recommend it.

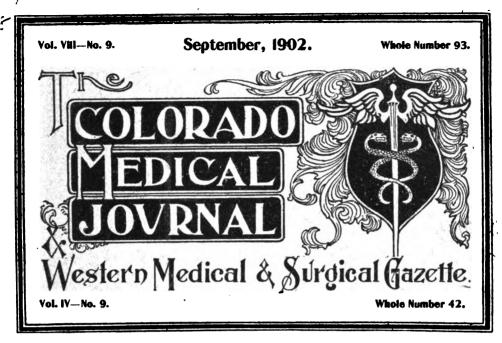
C. L. W.

PROCEEDINGS OF THE PHILADELPHIA COUNTY MEDICAL SOCIETY. Volume 23, Number 1, New Series, Volume 4.

· This pamphlet of 238 pages contains the papers and addresses, together with the discussions, given at the meetings of the society from January to April. A glance at the list of contributors and titles of the articles presented would show that the volume must necessarily be a valuable one. There is, however, no title page, no introduction, no proceedings, and no attempt at orderly arrangement of the papers, at least so far as the date of presentation is concerned. Likewise, there is not the slightest vestige of an index excepting the headlines at the top of the pages and the brief table of contents on the front page of the (paper) cover, defects and omissions which might readily be corrected.

Table of Contents on Advertising Page 3.

Do you read the Advertising Pages? If not you are missing something good.



THE COLORADO MEDICAL JOURNAL, 133 West Colfax Ave., Denver, Colorado.

WM. N. BEGGS, A. B., M. D., ALLISON DRAKE, Ph. D., M. D., Editor and Publisher
Associate Editor

Entered at the Postoffice at Denver, Colorado, as second class matter.



POSITIVE NUTRIENT STARVED NERVE CENTERS

ARSENAURO.

THE GENUINE HAS OUR SEAL ON NECK - THE SUBSTITUTES HAVE NOT-LOCK OUT. CHAS. ROOME PARMELE CO., 45 JOHN ST., N. Y.

Digitized by Google

BOVININE

The treatment of disease by Auxiliary Blood Supply.

BOVININE

supplies all the wants of a diseased constitution. Makes new and rich blood more rapidly than any other preparation. Use it in consumption, anaemia, dyspepsia, malnutrition and all catarrhal troubles. Send for our scientific treatise to topical and internal administration, and reports of hundreds of clinical cases.

THE BOVININE COMPANY,
75 West Houston St., New York.

LEEMING MILES & CO., MONTREAL. Sole Agents for the Dominion of Canada.

"All about Osteopathy."

(*****)

J. B. CARRELL. M. D

Hathers, Pa., November 11 1897

Dear Dostor Morbury:

THE FORTHIGHTLY is my favorite. It possesses the happy faculty of presenting to its readers just what they need. It is working for the good of the profession; for elean prectise; and for the alimination of fraud and of all kinds of quackery, inside and outside of the medical fold. I like the journal for its honesty, for its fearlessness, and for its worth.

That you say continue to succeed in your good work, I add my mits herewith, snother year's subscrip,ion, as a tangible evidence of my appreciation

fery sincerely yours.

J. B. Caroll.

Sene stam, for sample copy.
FORTNIGHT Y PRESS CO., ST. LOUIS

Familiarize yourself with MACK-ENZOL. It is an Oleo-Balsamic preparation. PHARMACEUTICALLY SCI-ENTIFIC, offered the MEDICAL PROwith ENDORSEMENTS FESSION. and TESTIMONIALS from the LEAD-ING PHYSICIANS as the most VALU-ABLE preparation for the local treatment of PHTI8IS PULMONIS, catarrhal conditions of the Naisal passages and Respiratory organs. Mackenzol is kept in stock by FORBES & STROMBERG, Denver; and leading Druggists throughout the State of Colorado.

Write the proprietors for interesting Pamphlet and Sample.

R. & F. SCHWEICKHARDTT,

Chemists, St. Louis, Mo.

THE COLORADO MEDICAL JOURNAL

...ARD...

WESTERN MEDICAL AND SURGICAL GAZETTE

A Scientific Medical Journal, Published in the Interest of the Profession of Colorado and Adjoining
States—A Journal of Science, of News and of Medical Lore.

Vol. VIII.

DENVER, COLORADO, SEPTEMBER, 1902.

No. 9

ORIGINAL COMMUNICATIONS.

Cutaneous Tuberculosis.

By HENRY G. ANTHONY, M. D.

Professor of Skin and Veneral Diseases, Chicago Puliclinic, Chicago, Illinois.

This is a chapter of Dermatology which presents great difficulties of diagnosis for the general practitioner because of the many varieties of the disease and also because of its rarity. One recent writer in classifying tuberculosis of the skin, makes twenty-three different forms. This is an extreme subdivision of the subject; not more than six or eight cases of some of these forms have been observed. They are, therefore, very rare and do not need to be considered by the general practitioner.

The subject may be simplified and easily comprehended by leaving these rare forms out of consideration and by thoroughly fixing in the mind the chief clinical characteristics of the simple varieties of which lupus vulgaris, which is a distant clinical entity should first of all be carefully considered.

LUPUS VULGARIS.

Some years ago, Kaposi, recently deceased, stated that lupus vulgaris always begins in childhood. In recent years this has been shown to be incorrect, in as much as a few cases of the disease developing in adult life have been reported, but these cases are rare and, from observation of cases of ulceration of the face which have commenced in adult life and which have been called lupus vulgaris by general practitioners, I am in a position to state that the general practitioner would make far fewer mistakes in diagnosis were he to never diagnose cases which begin in adult life as lupus vulgaris. cases are nearly always either syphilis or epithelioma.

In examining a given case of suspected lupus we first look on the outskirts of the ulcers, not on the borders, for lupus nodules. These nodules look

like pieces of wax set in the skin; they vary in size from a head of a pin to a split pea; they are soft to the feel, on closing the eyes and passing the fingers over them they can scarcely be felt, while the syphilitic nodule is hard and firm and can be felt when palpated with closed eyes. Another symptom which is employed in the clinics of Europe but which the general practitioner of this country usually neglects to employ in this: If a lupus nodule is pressed upon by a bead-pointed probe, the probe will readily penetrate the nodule and when withdrawn, a drop of dark colored blood will exude. The nodules of epithelioma and syphilis are not so easily penetrated. The points of importance to be looked for in examination of the ulcer and scar need not be especially considered at this time as they are discussed in all text-books.

TUBERCULOSIS VERRUCOSA CUTIS.

The next disease of the skin caused by the bacillus tuberculosis of which the general practitioner should have a working knowledge, is the form which is caused by inoculating the bacillus tuberculosis into the skin. Such inoculation may occur when a patient suffering from tuberculosis of the lungs wipes his mouth with the back of his hand, or when a physician, making a post-mortem examination of an individual whose death was caused by phthisis, cuts his finger, produces an abrasion of the finger by the friction of a loose rivet in the scapel, or scratches his finger on the ragged edge of a rib after the thorax has been opened; or, perhaps, the patient is a nurse, who breaks the cuspidor of a tuberculous patient and scratches her finger on the broken fragments; or a young lady wipes her nose with a handkerchief, into which her tubercular sister had expectorated, and infects an acne pustule of the face; or the case may occur without assignable cause.

From these statements it will rightly be inferred that we expect to encounter this form of tuberculosis most frequently on the face and hands. The anal region is also a favorite seat of the disease, but it may occur on almost any part of the body.

Tuberculosis by inoculation usually presents itself in the form of a wart, hence the name verrucosa. Why it assumes the warty form is not known. In some casese a lymphangitis extending up the extremity accompanies the lesion and here and there, along the course of the swollen lymphatics, tuberculous deposits develop which fluctuate and finally form abcesses. This is called gummatous lymphangitis and often leads to infection of the lungs.

There are three varieties of verrucous tuberculosis; verruca necrogenica or anatomist's wart, lupus sclereux of Vidal, and tuberculosis verrucosa cutis which was first described by Riehl and Paltouf in 1886. After a long controversy it is now settled that these are different stages of the same disease. It is an affection which develops slowly and lasts for years.

The anatomist's wart usually occurs on the fingers of physicians and is to be distinguished from the commonwart by the length of time it has existed (I have recently seen one which has existed ten years), by the area of blueness which surrounds it, by the fissures which penetrate its structure and by the miliary tuberculosis which at times may be seen at the bottom of these fissures.

A rubber band worn around the finger sufficiently tight to produce passive congestion of the peripheral part will cause a decided improvement and in some cases effect a cure. When the placque is of dollar size or larger it presents an outer zone of a bluish color, studded here and there with minute abscesses, the contents of which should be examined for tubercle bacilli and other microorganisms, a middle zone which is usually an ulcer covered with warts and a central zone which is made of scar tissue.

This form can only be distinguished from blastomycosis and from dermatitis verrucosa caused by streptococci, staphylococci and the bacillus coli communus by microscopical examination of the pus and tissue.

SUBCUTANEOUS TUBERCULOSIS.

This is the next form of cutaneous tuberculosis with which the general practitioner must be familiar. It is the most common of all and I frequently see cases which have passed through the hands of several physicians without being recognized. The tubercular deposit located immediately beneath the skin may break down and form an abscess; this is the cold abscess of older writers. It may give the sensation of fluctuation or palpation without the presence of pus, just as tubercular granulations in a joint often give the sensation of fluctuation on palpation without the presence of pus, and cause the student to diagnose pus in the joint when no pus is present. This form is the scrofulo-tubercular gumma.

When a scrofulo-tubercular gumma is superficial and disk-form, that is, like a silver dollar set under the skin, the epidermal covering is of a bluish color and the granulations present may produce some fluctuation. The lesions may be limited to the face and be but one or two in number, or they may be They are sometimes dissemminate. diagnosed lupus erythematosus especially when they are located symmetrically, that is one on each cheek. The skin covering the subcutaneous deposit may be destroyed by ulceration leaving a denuded surface from which luxuriant granulations spring up forming tumor-like mass, which projects above the surface of the skin sometimes to a considerable extent. This is scrofulo-derma.

Another form which subcutaneous tuberculosis sometimes assumes is the formation of tumors of a bluish color which are pea-sized and larger, they project above the surface of the skin and are most frequently seen on the legs and thighs of children.

FOLLICLIS.

The fourth form of tuberculosis of the skin of which the general practitioner should have some knowledge, is the variety which is supposed to be caused by toxins absorbed from a tubercular focus acting on the skin. A patient may have a tubercular gland of the neck and toxins absorbed from this gland may produce eruptions of the skin. These eruptions are called folliclis, dermatitis nodularis necrotica,

tuberculides, paratuberculosis and many other names, more than twenty in all. The reason these eruptions have been designated by so many different names is due partly to the fact that the individual cases differ from each other so widely that writers do not realize, at the time of reporting a given case, that it belongs to this group, and partly to an effort to find a satisfactory name for

these eruptions.

Chilblains are sometimes produced by tubercular toxins, but generally the eruption is acne-like in character or else it resembles lupus erythematosus. It is this resemblance which causes certain clinicians to believe that lupus erythematosus is a form of tuberculosis, whereas, in reality it has nothing to do with tuberculosis.

Serum Treatment of Diptheria.*

By C. N. RAY, M. D., Mt. Pleasant, Utah.

Mr. Chairman, Gentlemen:

In presenting this paper before this society I hope to stimulate sufficient interest in the subject to cause any who have not used the antitoxin to give it consideration and trial in your next cases.

On investigation I find that antitoxin is not universally used in diphtheria by all members, and, I might say, some hold a prejudice against its use. I know from personal experience that the laity are opposed to it, I think, however, due to the fact that they are not acquainted with its use and results, having always depended upon the swabbing and gargle, so often exclusively used in such cases. If you will pardon my diversion from the main subject of my paper, I wish to consider a few preliminaries leading up to that.

Holt gives as definition of diphtheria, an acute, specific, communicable dis-

ease, due to the bacillus of Klebs and Loeffler, characterized by the formation of certain mucous membranes, especially those of the tonsils, pharynx, nose or Diphtheria prevails epidemilarynx. cally and in every case has origin in a previous case, directly or remotely. Local throat conditions influence its occurrence largely, chronic catarhal conditions the and nose pharynx enlarged tonsils being predisposing The essential lesions consist, not in the production of a membrane, but, as recently pointed out by Sydney Martin and others, in certain acute degenerative changes in the cells of the body caused by the diphtheria toxins. The serious effect seen in diphtheria are due to these toxins produced by the bacilli in their growth on mucous membranes.

The membrane is of tough, leathery

^{*}Read at meeting of Central Utah District Medical Association, July 29, 1902.

consistence—gray or white, sometimes black. When removed it comes off with difficulty leaving an erosive surface, rapidly reforms and spreads rapidly. These points are of great importance in clinical diagnosis.

Treatment—The verdict of statistical inquiries of the antitoxin treatment of diphtheria of today shows little change from that of the original collection of cases made in the first three years of its use, and what difference exists is in favor of the remedy.

Baginsky reports 1500 cases in hospital and private practice, showing a fall of mortality from 41 to 8 and 9 per cent. The report of the Clinical Society of London places the pre-antitoxin death rate at 29.6 per cent and that of the antitoxin period at 19.9 per cent. Bayeux analyzed 200,000 cases with a mortality of 16 per cent. Biggs, in 158 reports with 24,768 cases collected, shows a death rate of 16 per cent. From the same reports the preantitoxin death rate was from 68.7 to 25 per cent. From a comparison of 45 double series of cases, treated with and without antitoxin, the results were as follows: with the remedy, 19.1 per cent; and the non-antitoxin cases, 37.8 per cent.

It is proven that the mortality depends largely upon the day of the disease in which the antitoxin is given. According to reports of Biggs, in 10,425 cases when the antitoxin was administered on the first day the mortality was 3.5 per cent; second day, 8 per cent; 3rd and 4th days, 17 per cent; after 4th day, 34.6 per cent. In 5,575 cases collected by the American Pediatric Society, the death rate was 8.8 per

cent. Cases injected on the first day gave a mortality of 4.9 per cent; 2d day, 8.6 per cent; 3rd day, 12.7 per cent; 4th day, 22.97 per cent; after the 4th day, 38 per cent.

Studying these statistics we prove that—

First—Under use of antitoxin the death rate has been reduced from 68.7 to 25 per cent to 16 per cent.

Second—The death rate varies greatly upon the promptness upon which the remedy is given, falling to 3 to 5 per cent on cases injected on the first day and 30 to 40 per cent on those injected after the 4th day. These figures, gentlemen, are taken from a statistical report given by Dr. Steele of the University of Pennsylvania, April 24, 1901.

It is my custom to use the antitoxin as soon as I am satisfied that it is diphtheria. If in doubt regarding the diagnosis in suspicious cases I advise its use anyway, immediately. To a child 4 years old I give from 1,500 to 2,000 units at one injection, repeating it every 12 hours, as long as I deem necessary. Laryngeal cases usually require larger doses—ranging from 2,000 to 4,000 units.

Dr. McCullom, of Boston, in a recent paper recommended a minimum initial dose of from 4,000 to 6,000 units; in serious cases repeating every four hours until the symptoms are controlled, seldom giving less than 20,000 and often 70,000. I think, however, such immense quantities are unnecessary if the case is seen in a reasonable time. I give 500 units to a 4-year-old child as a preventive, and find the effects last from 21 to 30 days.

There are two theories as to the action of antitoxin, one vital the other chemical. The first, which is not supported by French investigators, is, that the antitoxin stimulates a vital change in the body cells, particularly the leucocytes, by which they become unusually resistant to the influence of toxins, endure their presence without injury, and, as far as the leucocytes are concerned, destroy them by the generation, in their protoplasm, of neutralizing substances. The second theory, supported by the Germans and English, is that the interaction of toxin and antitoxin is purely chemical in which the animal takes no action—being the same as the chemical action occurring in a test tube.

The injection is given by a hypodermatic syringe made for that purpose with a small needle. It can be given in any part of the body. I prefer the fleshy part of the thigh, injecting the serum under the skin. I have treated a number of cases and have vet never seen any abscesses or other bad results follow. On withdrawing the needle-which has been made aseptic-I hold the finger over the wound for a moment to prevent any hemorrhage, then put on a surgical dressing as in any other flesh wound. I will report a few cases of my own practice and give the paper to the society.

Case No. 1—I was called to see Nellie C., aged 4 years, with a very short, fat neck, who was suffering from laryngeal diphtheria. She had been sick twenty-four hours and was quite restless, with rapid pulse and temperature 102°. I suggested the use of

antitoxin, but met with an objection on the part of the parents, they not being acquainted with the remedy. I treated her with mercuric inhalations. I dram to I ounce of water, one teaspoonful of same in half gallon of hot water, keeping the patient inhaling steam until relaxation and then repeating as necessary, together with stimulants. the lapse of twenty-four hours the symptoms were more aggravated. The child was struggling for breath, the face and lips becoming cyanotic. pulse was very rapid. I suggested consultation, which they said was unnecessary, but consented to use of the antitoxin. I immediately gave an injection of 2,000 units. Returning in twelve hours I repeated the dose, shortly after which the child vomited more than a pint cupful of pure diphtheritic membrane in form of a cast of the larvnx. The effect was evidently due to the action of the first injection and the second one prevented any relapse of the symptoms. The child made a very satisfactory recovery. At the same time I gave an immunizing dose of 500 units to a boy two years her senior and he escaped entirely.

Case No. 2—B. R., aged 9 years, suffering from pharyngeal diphtheria. I saw the patient for the first time when the membrane covered the tonsils and fauces. In twelve hours it had extended over the uvula and palate. She was a delicate child. The pulse was rapid and weak, the temperature 101°. I gave 2,000 units of antitoxin; in fifteen hours the membrane was disappearing, the pulse more satisfactory, the temperature normal and the patient

in every respect improved. It was not necessary to repeat the injection. Recovery good.

At the same time I attended a child

of 7 years with the same disease in which antitoxin was not used. The child died in three days.

Uncertain Therapeutics.*

By J. M. BLAINE, M. D., DENVER, COLO.

Professor of Dermatology and Venereal Diseases, Denver-Gross Medical College; Dermatologist to Arapahoe County Hospital, St., Anthony's Hospital, Mercy Hospital and National Jewish Hospital for Consumptives; Consulting Physician to the Visiting Nurses association, Florence Crittenden Home. State Home for Dependent Children and Denver Emergency Hospital, Denver, Colo.

How often have we heard the leading men in our profession boast of the rapid progress that has been made in medical and surgical science during recent years. No retiring president of a medical society has considered his essay complete, unless he has made reference to the giant strides that have been made in recent years.

We are disposed to boast that the closing years of the nineteenth century were record-breakers, when compared with the centuries that preceded them.

I do not doubt that the last twenty-five years of the past century saw more advances in surgery and some lines of medicine than the other eighteen hundred and seventy-five years since the Christian era, all combined.

While this is true of surgery and certain lines of medicine, there are other lines in which we have not only not progressed, but have actually retrogressed. I refer to therapeutics, and in the few minutes allowed for the reading of this paper I will attempt to call

your attention to a few of the more common retrograde movements that have been forced on my notice during the past years in which other lines were progressing.

Our pharmaceutical houses deserve great credit for the manner in which they have furnished us with pure preparations from standard drugs, and in some instances with more palatable combinations, but the physician who depends on a pharmaceutical house to furnish him with his materia medica will sooner or later find that he has been chasing the will-o'-the-wisp and experimenting at the expense of his patient for the profit of the aforesaid manufacturer.

The medical profession stands with open-mouthed wonder while reading testimonials from ministers and congressmen who have felt the rejuvenating effects of the alcohol contained in Peruna and Paine's Celery Compound, but what can we say of the doctors who lend their names (for a consideration)

^{*}Read before the Colorado State Medical Society, Pueblo, Colo., June 24-26, 1902.

to the manufacturers of a secret preparation, the formula of which is not given, the name of which does not indicate its component parts or its therapy, and the action of which is as uncertain as either.

I have frequently been called in consultation in dermatological cases where the physician has been using a certain ready-made ointment, the formula of which is known only to the manufacturer, and the action of which is known to no one.

By looking up the literature furnished at regular intervals I find, according to the doctors who make a business of certifying to everything that comes out, that it is a sure cure for every eruption from tinea favus to pruritus ani, every disorganized condition of the skin from sclerema neonatorum to elephantiasis. What kind of results can one expect if he does not study the pathological condition and know the action of the drugs prescribed?

On one occasion I was asked to have a gentleman in consultation on a case of dermatitis exfoliativa and he suggested fumigating the patient with burning wool and then anointing him with a secret preparation—the name of which, if reversed, would spell lotion.

I saw a prescription recently for an ointment which contained eight different ingredients, and another for a hair tonic which contained sixteen. In the latter prescription the last ingredient was aquæ rosæ, q. s. ft., one pint, and when the druggist mixed the first fifteen ingredients, there was no room in the bottle for the rose-water, and the ques-

tion arose, was the prescription properly filled? The matter was finally compromised by putting in one drop of rose-water. The question still remained as to whether there were fifteen separate indications which the physician hoped to meet, or was he shooting at random, hoping that one of the drugs might hit the case?

The story of the physician who kept a bottle of "all sorts" for patients whose disease could not be diagnosticated, was probably founded on fact.

Another instance of uncertain therapeutics, or the unscientific application of remedies, is the so-called "therapeutic test" in cases of suspected syphilis. This test, although mentioned in our text books, is worth about one cent on the dollar on a dull market.

I had intended enumerating all the diseases for which mercury was recommended in our text books on materia medica, but the list is too long.

It is said by Keys, that there is no pathological lesion of the skin that syphilis will not imitate, and as there are many skin diseases in which mercury is useful, it becomes patent to every right-thinking man that the therapeutic test is anything but scientific.

The physician who trusts to the therapeutic test to make his diagnosis in suspicious eruptions not only casts a blight on many fair names and wrecks many matrimonial ships, but in the language of the immortal Dogberry, "he writes himself an ass."

The man who cannot diagnose syphilis with its many signs and landmarks had better call professional assistance

or leave the case alone. When he seeks aid from drugs to make his diagnosis, he reminds me of that oft-told tale of the embryonic son of Hippocrates who threw the child into "fits" so as to bring it within the range of his therapeutic armamentarium.

Since the discovery of the gonococcus Neisser, the mad rush has been to find a germicide that will cause its destruction. Remedies that will accomplish this object in the laboratory have been tried clinically and in many cases with a total disregard as to their action on the inflamed urethral mucous membrane. The injection of a germicide that is not at the same time a soothing astringent is unscientific and in many instances will increase the area of inflammation and widen the field of operation for the gonococcus.

Treating gonorrhoea with a strong germicide is equivalent to forcibly ejecting a skunk from a drawing room.

It is better in either case to use peaceful methods than physical strength.

In order to thoroughly cover this subject, I might and probably should, go over the entire field of medicine, but I deem it sufficient to limit my remarks to the work with which I am familiar and to the instances which have fallen under my observation.

I hope I have made my meaning plain.

I have attempted to bring out but two points:

First—Human life and health are too sacred to be lightly handled, and no physician is ever justified in prescribing for a disease unless he understands its pathology, or has exhausted all possible means of studying it; and

Second—He is never justified in using secret remedies or any other drug unless he is familiar with its therapeutic application.

Tonsilitis.*

By G. W. ROBINSON, M. D., TRINIDAD, COLO.

This disease is one we meet almost every day in our practice. At times it is epidemic, as during the past winter. In my practice this season it has far outnumbered any other disease and accompanies and complicates other diseases in many cases.

From my observation this high, dry climate has a tendency to cause throat troubles of a catarrhal and tonsilar character, and it is an exception to find the throat of a child, or one who has resided in this region for any length of time, clear and free from enlargement of the tonsils.

This is mainly due to the dry air, wind and dust storms, also the sudden changes of temperature in passing from sunshine to shade, and repeated acute attacks of tonsilitis; also a rheumatic

^{*}Read before the Las Animas County Medical Society, at Trinidad, Colo., June 6, 1902.

diathesis incident to this altitude, one of its local manifestations being tonsilitis. These visitations and congestions form a fitting soil upon which bacteria can fix and develop. firmly convinced that tonsilitis is as much of a contagious disease as diph-The past theria or scarlet fever. winter has established this belief in my mind more firmly than ever, as I have seen whole families come down with it, one after another, and other families who mingled with and were intimately associated with those so afflicted develop the disease in town. Even in works published last year, authors say, "'tis due to exposure and cold," but, while in some cases such exposure places the glands in proper condition for the growth of the germs, many cases have not been subject to such conditions.

Atmospheric and thermic changes possibly may have much to do in putting the system in proper shape to receive the disease when exposed to infection.

There are two forms of tonsilitis, the follicular or 'phlegmonous, and the croupous.

In the follicular there is an inflammation of the follicles with a cheesy deposit. In this form there may be an extension of the inflammation down into the cellular tissue and peritonsilar spaces, and an abscess may follow.

In the croupous the secretion spreads out and forms a deposit over the tonsil, having much the appearance of a diph theritic membrane.

A very easy method of differentiating from diphtheria, when a bacteriological examination cannot be made, I have found to be, is to pass the spoon handle quickly over the exudate which can easily be removed without bleeding in tonsilitis, while the membrane of diphtheria cannot be removed without great force and leaves a bleeding surface. Also, the deposit of tonsilitis does not extend beyond the tonsils.

Repeated attacks of tonsilitis leave the glands enlarged by the formation of fibrous tissue. The crypts are also enlarged and the secreting glands diseased so that cheesy masses are formed and the mucous membrane becomes honeycombed in appearance.

The voice changes and in many cases marked difficulty of breathing, blocking of the eustachian tubes, with deafness, and a catarrhal condition of the nose and throat following. The child sits with open mouth, expressionless face, and even snores while awake.

I have thought this tonsilar trouble, so frequent here, has much to do with the fact that few singers are developed in this altitude.

The germs found in attacks of tonsilitis are the streptococcus pyogenes, and staphylococcus pyogenes albus and aureus. As I have never seen the chaps I will not describe them, or lead one forth for your inspection, but they can work enough mischief when they gain a foothold.

The premonitory symptoms of an attack of tonsilitis are dryness and stiffness in the throat, with difficulty in swallowing. These symptoms are usually accompanied by a chill and aching in the nead, back and limbs, of an innese character with high fever.

the inflammation progresses pain increases. The frequent attempts to swallow saliva are very painful, and in many cases the salivary glands become extremely active, so that the patient has to expectorate or swallow frequently, to his great discomfort. The mouth is hard to open, speech difficult, tongue coated and breath foetid.

If the cellular tissue becomes invaded by the retained decomposing masses peritonsilar abscesses are formed, the tonsils themselves rarely suppurating. A few years ago I frequently saw the suppurative form of tonsilitis, but rarely of later years, while the other forms have been very frequent.

In chronic tonsilitis, with recurrent attacks and hypertrophy, caustics may be used, but I have found but little benefit from them. The best treatment is the removal of a large portion of the tonsil with a tonsilotome. The galvanocautery or wire may be used, and some prefer the scissors or knife, some the galvano-puncture. Massage of the tonsils with the finger covered by a rubber cot, rubbing around the tonsil fifteen or twenty times, then up and down as many times has been highly recommended by one author. I do not believe in removing the entire gland, as they and even the poor abused appendix have some use or they would never have been placed in our bodies.

In operating one should use care not to wound the anterior pillar which contains a small artery which may give trouble.

The amount of relief experienced by their removal is great, and, as one young lady informed me some years after the operation, we may "remove a source of revenue," which was a fact in her case, as I had been called to attend her in two or three attacks of suppurative tonsilitis every winter. She was one of the worst cases I have ever operated on, as one tonsil was so large the tonsilotome had to be applied three times before it was as small as desired.

After and before the operation antiseptic washes should be used.

In the suppurative form the abscess should be opened through the anterior pillar at the upper part of tonsil, or any spot where fluctuation appears or is felt. I generally use a bistoury. Some recommend a probe, but I haven't found many sufferers who would stand much fooling about the throat at such times, and what is done must be done quickly.

In ordinary cases salol and acetanilid, given in fair doses, act nicely in relieving pain, fever, and preventing a further infammatory condition.

The ammoniated tincture of guaiac is also a good remedy.

Locally tinct. ferri chlor., potass. chlorate and glycerine or the following prescription gives great relief:

Menthol	gr. x	C
	dr. ss	
Listerine	Oz. i	i

M. Sig. One teaspoonful in half a glass of hot water used frequently.

A 10 per cent solution of argentic nitrate is also good, but not so pleasant to use. I have used full strength carbolic acid, which gives great relief, but it forms an albuminous coagulum, and if used early is liable to prevent the differential diagnosis from diph-

theria. I used it early in the case of a child before the membrane was fully formed and was not able to diagnose diphtheria until other cases developed in the same family. However, I had the child isolated so that others were

not exposed.

While I do not believe in quarantining cases of tonsilitis, I endeavor to isolate them from the rest of the family when possible and thus prevent its spread.

Some Business Aspects of Medical Practice. Physicians' Business Leagues.*

By JOHN T. DAVISON, Ph. G., M. D., PUEBLO, COLO.

By far the majority of physicians enter into the practice of medicine in the expectation that it will provide them with a means of livelihood more in consonance with their ideas of what constitutes a living and in a manner that seems to them an agreeable way of mak-. ing such a living. That we do not realize all our ante-graduation ideals it may seem superfluous to state. We probably never will, but we can exert ourselves more intelligently than we have in the past in order that we may approach that ideal of dignity and position that comes with the possession of sufficient wealth without which, mere knowledge and skill, however transcendent, will not have its appropriate setting.

We are living in an exacting age when he who lags loses. In a country where, take it from one end to the other, the facilities for acquiring a medical education are such that the profession as a whole is up-to-date, modern and progressive in all that per-

tains to mere learning and the technical side of the business, there is not sufficient or proportionate emphasis placed upon that whereupon must rest the comfort of acquiring the one and the financial reward that should accrue to The Business of Medicine. the other. or the practice of those rules of common sense in getting that to which we are entitled for services rendered, should be assiduously cultivated and never lost sight of, no matter what strain is put upon us by the exactions of professional reading and practice. In a sordid age, that physician who presents the appearance of being, and actually is, prosperous, is the more sought after than the one equally intelligent and skilled who has neglected the rules of business common sense. world is too much immersed in its own affairs to discriminate or take time ordinarily and judges by externals largely as to the fitness of physicians. In time it will reject a pretentious fraud without merit, but usually not before

^{*}Read by title at the meeting of the Colorado State Medical Society, Pueblo, 1902.

prosperity has placed him in a position to be indifferent to the world's opinions. Let us take a leaf out of the note book of gentry of this kind and back up our knowledge and skill with good business acumen. Get paid for our services other than those which are rendered in charity's name and not continue in the public eye as men without good business sense, as we have done altogether too much in the past.

The public needs education along this line. The poor estimation in which physicians are held as business men by the public is notorious, and the blame belongs to the profession. The estimation in which a body of men is held rests with themselves. It ought not to be much longer possible to hear such sentences as this: "Now, Doctor, I have paid every one but you, and I'll try and pay you next month." We say, "All right" too easily to every specious plea that is made to us for delay in paying accounts, when, instead, we should inform them that our rule is to conduct our business upon business lines, and with as much reason for so doing as that adduced by men following other pursuits. It is no ultimate kindness to a man to add our mite towards pauperizing him in the matter of medical attention. We are as much entitled to our money for services rendered as is the butcher and grocer for commodities furnished, perhaps more so, for we extricate from dangerous physical difficulties and put them in the way of resuming their daily duties. We should make the public respect us in this matter of money-getting both as individuals and as a body. Let us be good business men and collectors. It will not hurt us in the long run. A good business man in medicine is as respected as those in other lines. There is no special merit in the present age of being learned, skilled and poor. There is much greater, as the times are, in being learned, skilled and prosperous. If the heart, lungs and brain are recognized as the tripod of life, all interdependent and incapable of acting indepently of each other, so it ought to be regarded that, as making up that composite, the physician should be remunerated for knowledge, skill and business ability. Not the least important is the latter, for by its possession are the others made luminous and apparent to the public we serve.

Dr. E. H. Smith, of Santa Clara, California, summarizes our difficulties when he says in an article appearing in The Therapeutic Advance: "In no other profession or business, except that of theology, is there such lack of organization and harmonious action as in the medical profession. We are 'a house divided against itself.' We are without that prestige due to any body of educated and honorable men and so essential to our success. We are a prev to the unscrupulous in all walks of life. We lack the power to restrain quacks and charlatans, who are openly disgracing us. We have small moral force to compel professional decency upon the part of members of the profession who disregard ethics and the commonest kind of courtesy. We have very little political prestige. We are steadily losing moral control of our patients. In fact, we are getting where

we have to take what comes and be thankful it is no worse." If the indictment is severe and merited, the same writer suggests the cure which will occur to us all—that it, organization along business lines, whereby we may get that to which we are entitled and make ourselves a power to be respected.

Of late, as touching upon this allorganization referred to, a needed Physicians' number of Business Leagues have come into existence several in the East and one, the first of the kind in the West, which was organized in the latter part of 1901 at Victor, Colo. This, as a society organized along business lines, has done so much good already to its members that it would be appropriate to call attention to its most prominent features, in the hope that, wherever physicians associated together, other societies of a similar character may be formed. This society was organized for the purpose of promoting the business, social and professional interests of its members, the chief accent being placed upon the business aspect. It is in fact an executive committee of the whole. It meets twice a month, and the meetings are well attended. It has established, in conjunction with the Cripple Creek District Medical Association, a fee table, which is respected throughout the district. It has endeavored to bring about a reduction in telephone rates. It has raised the rates for life insurance fraternal examinations. both and straight life, and has, furthermore, succeeded, without much effort, in having them accepted by the companies interested. It has just joined forces with the Retail Credit Men's Association. getting the benefits of co-operation with this active society in the all-important matter of commercial ratings and collections. It has conveyed, by systematic publication in the daily papers, and in language easily understood, that hereafter dead-beats will be looked after and services refused any willfully delinguent to any member of the association unless "cash accompanies the or-The example set by the Physicians' Business League of Teller county is to be commended and followed by physicians everywhere. Only by holding out for that which is our due, both as individuals and as a united body. can we get that to which we are enti-Get our money peaceably if we can, but get it anyway that is legal and just if we must.

There are other things to consider in this discussion of the business aspects of medicine. The field of medical practice is limited and not capable of development, as is the case in commercial fields. That is, there is practically but a given number sick or injured at any one time in relation to the mass of population. Hence, to add to the number of competitors for practice beyond a reasonable amount is to do ourselves an injustice. The anomaly is presented, however, of a continually increasing number and proportion of physicians being added yearly to the ranks of those already engaged in the practice of medicine. We should regulate this by learning from the experience of the trusts and diminish the output to the proper relation of supply and demand.

There are altogether too many doc-

tors turned out yearly by the colleges, with resulting unhappiness to them and to those with whom they must come in contact as competitors for a living, to say nothing of making more than an insignificant profit out of their endeav-There are too many medical colleges engaged in the work, through stress of competition, of inveigling young men and women into a profession in which the illusions of earlier life will soon be rudely dispelled because even illusions need the sustenance of financial support for their continuance, and few are so fortunately situated as to have an independent income with which to back up their dreams. A little tendency in the right direction is shown by the absorbtion here and there of a private college by some well-established university and the lengthening of the course of study. These are both good things, but are hardly enough. Consolidation should go to the extent making competition impossible. Locally is to be noted the consolidation in Denver of two of the competing colleges, a course to be commended. Recently, in the city referred to, was presented the spectacle of four medical colleges in existence at the same time. Three of these were regular schools and one a homeopathic college. It would have been ridiculous if it were not so melancholy. The consolidation alluded to could be extended to take in the remaining regular medical school of the state and also the homeopathic institution.

This may sound like heresy, but it is business to mention it. There is or should be but one medicine, and adher-

ence to rusty traditions has done more to prevent absorbtion and assimulation of the good in certain cults and conversely the rejection of their faults or inconsistencies than any one thing. The people wish to know about this, that and the other ism, and it is our duty to enlighten them. If there is merit in any new cult it should first be ascertained by the regular school. value, let the material be absorbed. not, let it be rejected. Proceeding in this way there will occur no opportunity for the establishing of rival medical Thus competition will be eliminated. If any one doubts that competition will much longer be a factor in the world's work, let him read the daily and monthly secular papers and use his powers of observation and reasoning. The conclusion will be so obvious that the same line of argument can be applied to our own affairs, that we have too many medical schools and are manufacturing new doctors at too great a rate.

The professional bee should skotched or allowed to buzz towards the establishment here and there of a post-graduate school, one of which could to advantage be started in Denver, and to which the local profession would go in preference to taking a trip 1,000 or 2,000 miles farther to others. By raising the quality of those already in the profession we still further enhance the good opinion of the public, from whom we derive our income. Such a school would be best established in conjunction with, and as an adjunct to the medical college now existing in Denver, because limiting the useless

multiplying of buildings and faculties to some extent. There is a wonderful amount of first-class talent in Denver which could be utilized toward the formation of a post-graduate school, to which the whole Rocky Mountain region would be tributary, and to which many would come because of nearness to their field of practice.

The medical societies should extend their scope to include the discussion of business matters of interest to the profession. Appropriate executive committees should be delegated to look after this, that and the other questions of importance. Too much time as it is is given to the mere professional routine, the reading of papers which, however valuable, do not convey more information or as timely as that to be found in a good medical journal. other words, medical societies are behind the times, because too inelastic and unadaptable to changing modes and procedures. What brings us here today? Some come to read a paper, others to hear papers read upon some topic of interest, all to have a good time socially at this the annual reunion. Let our scope be extended to introduce a systematic consideration of business methods, in order that we may rise to that position of emolument and power that rightfully belongs to those of intelligence.

The employment of physicians by corporations of various kinds, such as large commercial organizations, fraternal lodges, etc., tends still more to limit the possible amount of work that can be done by the profession at large. This method of employment is of a part with

the requirements of the times-namely, to reduce to the simplest form the machinery of business and furnish to the consumer, whether of goods or services, what his needs demand at the minimum of expense which, incidentally, means the elimination of competition. The question of individual choice of a physician is all right if there are enough making such choice to make it profitable to the person so selected, but it is too true that there is not enough business of this kind to furnish a satisfactory income to the mass of physicians throughout the country at large, consequently the concluding remarks of this article as to the regulation of the annual output of doctors will be pertinent.

There is one other thing that may be commented upon. As at present constituted, we do not get that service we should have from our state boards of medical examiners. These bodies are too inert, and confine their efforts for the most part to accepting the voluntarily tendered fees of the quiet, lawabiding practitioner who seeks to practice in our midst. They do too little towards ridding the state of those illegal practitioners of medicine who infest every community. This may be due to inherent defects of the law. If so, it results in a body of men acting as a sort of scare-crow of the law, but without adequate powers to enforce their demands. Whatever is the defect, it should be rectified. What is wanted is a board so constituted that it can show some signs of life when its services are demanded. Because the local druggist conveys the idea to the laity that he is

a regularly qualified physician and offers to cure syphilis in six weeks is no reason for local physicians to become involved in a neighborhood quarrel. It is not good business sense to put oneself in the way of being secretly undermined because of suit instituted as an individual against some medical lawbreaker. What is wanted is, that suits against violaters of the medical practice act shall be brought by some official of the board, thus clearing the case of any local color and prejudice.

To conclude:

First—There is no community too small not to have its Physicians' Business League organized to establish local fee tables, look after questions of local interest and to join forces with the local Retail Credit Men's Associations, for, in business, physicians should not be above business methods.

Second—The yearly output of new physicians should be reduced. This can be accomplished in part by increasing

the requirements as to time and matter of medical courses, so that only students of the requisite mental stamina will care to enter the ranks of medical prectitioners. In addition, consolidation of existing colleges is in line with the ideas of the times as limiting competition.

Third—Those sifting bodies, the state boards of medical examiners, should, if possible, exert themselves more fully than they have in the past. If through defects in the laws relating to medical practice they are rendered powerless, then those laws should be changed so that the members of state boards of medical examinerscan be of more than theoretical service to the mass of practicing physicians and not mere ornamental office-holders.

Incidental to the foregoing it might be well to do the ultimate kindness to would-be medical aspirants by presenting to them facts bearing upon the relatively small incomes and the large necessary expenses of the physician.

\$400 PRIZE.

Dr. J. B. Mattison, medical director of the Brooklyn Home for Narcotic Inebriates, offers a prize of \$400 for the best paper on the subject, "Does the Habitual Use of Morphia Cause Organic Disease? If So, What?" The contest will be open for two years from December 1, 1901, to any physician. The paper may be presented in any language. The award will be determined by a committee consisting of Dr. T. D. Crothers, Hartford, Conn.,

editor of the Journal of Inebriety; Dr. J. M. Van Cott, professor of pathology in Long Island College Hospital, Brooklyn; and Dr. Wharton Sinkler, neurologist of the State Asylum for the Chronic Insane of Philadelphia. All papers must be in the hands of the chairman by or before December 1, 1903, and shall become the property of the American Society for the Study and Care of Inebriety and will be published in such journals as the committee may select.

[†]The experience of joining forces with the Retail Credit Men's Association of the Cripple Creek District has proven its value. Already, the many reports from physicians illustrate that, as the news spreads amongst the dead-beats that there is a greater effort upon the part of these to pay up their accounts.

THE COLORADO MEDICAL JOURNAL

AND WESTERN MEDICAL AND SURGICAL GAZETTE

A Monthly Journal for the Medical Profession of Colorado and Adjoining
States.

ALLISON DRAKE, Ph. D., M. D.,			Associate Editor			
MEDICINE—	EPARTMEN	T EDITO	RS			
MEDICINE— Respiratory and Circulatory Org Digestive Tract Tuberculosis Neurelagy and Allenism Therapeutics Physiology and Hygiene SURGIERY			R OF	111111111111111111111111111111111111111		
BURKIER I General Surgery Ophthalmology and Otology Laryngology and Rhinology Gynecology and Obstetrics Diseases of the Genito-Urinary Sy.			W. W.	GRANT, M	l. D.	
	LOCAL E	DITORS:				
Boulder, Colo	L. Dennis, M. D. I. D. Gibbs, M. D. . McHugh, M. D. . K. Miller, M. D.	Pueblo, Colo Trinidad, Colo. Fargo, N. D Reno. Nev	Jam Edward (A. MJ. Frani	.H. A. Black, es Gill Espey, Chase Branch, E. Hershiser,	M. D. M. D. M. D.	
Subscription, \$2.00 Per Year.			Single	Copies, 25	Conts	
ORIGINAL ARTICLES	CLINICAL REF	PORTS.	CORRESPONI	DENCE.		

CRISP EDITORIALS, SOCIETY REPORTS, NEWS ITEMS,
Invited from the Western States of Utah, Wyoming, New Mexico, Kansas, Nebraska, Arizona, but

particularly from Colorado.

All matter intended for publication in the next issue should reach the editor by the first of each month.

Each contributor of an article will receive ten copies of the Journal containing his article, upon appli

A reasonable number of illustrations will be furnished by the Journal free of charge if suitable drawings or photographs are supplied by the authors.

Address all communications to

THE COLORADO MEDICAL JOURNAL, 133 W. Colfax Ave., Denver, Colo

Vol. VIII.

WM. N. BEGGS, A. B., M. D.,

DENVER, COLORADO, SEPTEMBER, 1902.

No. 9

Editor and Publishs

EDITORIALS.

COPY YOUR PRESCRIPTIONS.

A coroner's question at the investigation of a death of supposedly criminal nature brings forward a matter of some interest to physicians. The attempt was apparently made to shift the responsibility for the poisoning upon the physician who was asked whether any of his prescriptions contained arsenic or strychnine. A pertinent question was, "Have you the prescription which you wrote out for ——?" This will serve to call our attention to the desirability of taking care to make copies of all our prescriptions. Of course the necessity for such a precaution occurs but seldom. When it does occur, however, it is very urgent. Usually the original can be obtained at the drug store. On rare occasions this may not

be possible and circumstances may easily be conceived of in which it may have been tampered with by interested parties and thus rendered useless for any protective purpose.

There are other than medico-legal circumstances in which a copy of the prescription is of possible service. It will be useful as a portion of the record of treatment of interesting cases. Not infrequently, too, inquiry is made by a patient as to the line of treatment given at some former, perhaps remote, date or the physician, himself, may desire to know the exact constituents or dosage used in a prescription used some time before.

There is, of course, no copy more accurate than the one made from car-There is also none as conbon paper. veniently made, as a single writing original and the copy, the and the copy can not vary in from the slightest respect the original. With the present willingness of the druggist to cater to the tastes of physicians in the matter of prescription blanks, it would seem that it would only be necessary to call the physicians' attention to this matter to secure its general adoption.

SUBSTITUTION AND THE DRUGGIST.

We are pleased to note that at the last meeting of the National Association of Retail Druggists at Cleveland, Ohio, they denounced in unmeasured terms the practice of substitution as being not only the greatest fraud to the manufacturer as well as patient and physician, but also prejudicial to the interest and integrity of the retail druggists' business.

Pharmacists in general have been very slow to recognize this last fact. Now that they do begin to recognize it we expect progress to be made in the suppression of this particular variety of theft and fraud, substitution. The National Association of Retail Druggists instructed its secretary to request the boards of pharmacy of every state and territory to make special efforts to enforce all laws referring to substitution in any form, promising to give them any aid in their power. It also put another resolution requesting the secretaries of affiliated bodies to report to the National Secretary anyone suspected of, or charged, with substitution.

It seems that there is growing among the druggists a sentiment that prosecution and punishment of those guilty of substitution should originate within the body of druggists themselves. This is a healthy sentiment and should meet with hearty encouragement. That is a method of procedure which exists in several of the European countries. The pharmaceutical association is the prosecutor and the substitutor is regarded as one, who indirectly but nevertheless severely injures every one of his confreres and his punishment is his professional ruin.

There is a form of substitution practiced not by the drug clerk, but the manufacturer, which is of a particularly despicable type. This is the preying upon the reputation of products which have been founded and fostered by the energy, money, experimentation and reputation of reputable firms. A very

favorite method employed by these substituters is to put on the market preparations more or less closely resembling those which have become popular in packages and wrappers so closely imitating those of the originals as to more or less skillfully tend to deceive The writer's first acthe consumer. quaintance with such fraud was many years ago and was practiced by a certain firm, the head of which was a pillar in a wealthy church. Fraud and pretended piety are not uncommonly found together. Such practices are unquestionably as old as competition in commerce and will probably exist for centuries to come. At the present time a striking instance exists in the firms imitating the preparations of the Antikamnia Chemical Company. pleased to note that the M. J. Breitenbach Company has been given a verdict against an old and long established firm for putting out a preparation purporting to be about the same as Pepto-Mangan (Gude) in a package very closely resembling the original. The higher court to which the case had been appealed affirmed the judgment of the lower, issued a perpetual injunction against such further imitation, ordered an accounting for the profits on all sales made and assessed damages for the injury to the reputation of the original product, caused by lack of results from the employment of the substitute.

This verdict is a most just one and it is to be hoped will be followed up in numerous instances, some of which will doubtless be thought of by many of our readers.

COLORADO A MEDICAL DUMP-ING GROUND.

Nearly every State in the Union except Colorado requires of those who would practice medicine an examination in the fundamental branches of medicine and surgery. A consequence is that those who fear to take, or actually fail to pass, the required examination in other States flock to Colorado where all that is required is to pay a fee, and present a diploma from some "recognized" medical school. well illustrated by the fact that New Jersey with a population four times as great as that of Colorado admitted in October last only twenty-three applicants to the practice of medicine while Colorado admitted one hundred and thirty.

The mere influx of great numbers of physicians into Colorado would not be so undesirable from the view point of the public if the incoming physicians were the best in the country instead of being, as is largely the case, those unable to gain admission to the practice of medicine in other States. sician who recently came to Denver from the East was, before coming, advised by a friend that Colorado was over-run with physicians; but the intending immigrant physician replied that where others could scratch a living. he could; and to Denver he came. His methods of "scratching" are, in part, these; if he sees men on the street whom he thinks likely to be in need of a physician, he makes bold to address them; if he sees a woman who is apparently pregnant, he follows her with the stealth of a panther pursuing a hind, notes her apparent place of residence, and later, if possible, delivers her of her child. Thus this physician secures his practice: thus the medical profession of Colorado lowers and in part loses its dignity and good name.

A. D.

PROGRESS OF MEDICINE.

Therapeutics.

Conducted by A. Zederbaum, M. D.

PHYSICAL AND DIETETIC TREATMENT OF HEART DISEASE.

In an elaborate survey of the indications to be observed in the treatment of cardiac patients (American Medicine, May 24, 1902), Professor von Noorden of Frankfurt-on-the-Main, Germany, overthrows the idea that absolute rest is required in these cases. He believes that the contrary is true, since the necessary upbuilding of the cardiac muscle which will enable it to respond to any extra call made on this organ cannot be expected unless by way of proper systematic exercise. of treatment of chronic endocarditis as recommended by the author are: In palpitation of the heart or shortness of breath, due to valvular trouble, undue exercise is to be avoided. All professional work requiring constant muscular strain must be given up. Indulgence in sports and games should be allowed only with great caution. Cardiac patients endure moderate exercise, even for a long time, much better than they bear short, violent exercise. Equally important is the shunning of mental excitement. Preventing and abating of

existing obesity is another point to be thought of in the handling of these cases as a measure to decrease the heart's labor. In treating this condition, the physician must act with great caution, avoiding a too rapid reduction of the patient's weight. mixed diet is preferable to either a strictly vegetarian or exclusive meat Frequent and light meals are better than the customary three square meals. The quantity of liquids should be small; the restriction of liquids at meals lessens the weight of the patient, not, as has been supposed, by altering the fat metabolism, but by lessening the appetite. A good rule is to allow two and one-half pints in twenty-four hours, avoiding the strong infusions of tea and coffee and alcoholic beverages unless there is some therapeutic indication for their use. He does not absolutely forbid small quantities of stimulants, even tobacco.

"Cardio-regulating" remedies are contraindicated. To a patient with compensated valvular heart disease every dose of digitalis is a nail in his coffin. The stage of perfect compensa-

tion is the auspicious time for strengthening the heart with proper exercise. One of the best exercises is slow walking up hill. Rowing, properly guaged, is of advantage, while bicycling, tennis and golf invite excess. Light gymnastics, if not overdone, especially the use of resistance exercises, are of value. Of massage, the ordinary methods have no effect on the circulation, while vigorous friction and vibration-massage are decidedly beneficial in the upbuilding of the cardiac musculature inasmuch as they produce a stimulating effect on the peripheral capillaries.

Hydrotherapy is sometimes useful, especially so are the carbonated brine baths, the natural being more valuable than the artificial ones. They are especially indicated in recent cases, but prove injurious in those with severe loss of compensation. For home hydrotherapy he recommends half baths, in which the temperature of the baths is gradually lessened while the patient sits in the tub, and which are followed by energetic friction of the skin performed by some other person. For the last two or three years he has used the electric baths after the system of Dr. Schnee. In these baths the four extremities are immersed in four separate porcelain tubs connected with a battery, the patient sitting in a comfortable cair. A switch-board leading to the battery permits the use of the different forms of the current as desired. The first few baths do not, as a rule, produce a great change, but gradually reaction sets in and the patient decidedly derives much benefit from the treatment. manent effects of the electric baths are similar to those of the carbonated baths.

In connection with von Noorden's remarks, a few extracts from Dr. H. A. Hare's recent article on "The Employment of Digitalis and Aconite in the Treatment of Cardiac Disease" (Therapeutic Gazette, August 15, 1902), will not be out of place. Hare believes that digitalis is often misused by the practitioner and given where it does harm. In a certain number of cases of valvular disease the administration of aconite will more benefit the patient than digitalis or any other cardiac stimulant. Aconite has also a steadying effect upon the heart through its influence on the vagi, like digitalis; at the same time it works as a sedative on the heart muscle in cases of excessive compensation and has, besides, a relaxing effect on the blood vessels. The result of this double effect is a marked reduction of the overaction of hypertrophy which is sometimes confused with the tumultuous overaction of disturbed compensation. In myocardial disease, where the patients are persistently taking severe exercise "for their health," neither of these two drugs will prove of any value.

ACTION OF THE ORGANIC ACIDS ON THE INTESTINES IN CONNECTION WITH DIARRHCEA.

Alfred C. Jordan, in the London Practitioner, for September, 1902, calls attention to the fact that organic acids, as proven by his experiments on rabbits, have a decided effect on the intestinal mucous membranes. Not all the acids reach the bowels beyond their upper segments, being hindered in their passage by the action of the bile and the

alkaline juices. Sometimes, however, the passage is made very rapidly in the intestinal canal, and is productive of diarrhœa. Moreover, organic acids, like lactic, butyric, etc., which are produced in the body from foods and liquids, are largely responsible for intestinal irritation, and butyric acid, the chief offender, is formed from milk and carbohydrates. It follows from these facts that materials containing or liable to produce organic acids in the digestive tract must be strictly excluded from the diet of persons subject to diarrhœa. both as a prophylactic and a therapeutic measure.

DYSMENORRHŒA AND GENITAL AREAS OF THE NOSE TREATED WITH COCAINE.

The general practitioner is much oftener called upon to relieve the excruciating pain and distress associated with dysmenorrhœa than the gynecologist. It will, therefore, be of interest to him to learn something of the relationship existing between the nose and the female sexual organs, and the therapeutic uses that have been made of that discovery. Dr. Wilhelm Fliess, in Berlin, has published a couple of monographs and articles on this subject of which he has been for a long time the only exponent, but which of late has been taken up by a number of physicians and clinicians (Chrobok, Ruge, Kroening, Schiff and many others). Riess has found two "genital spots," as he calls them, in the nose; one the tuberculum septi and the other on the inferior turbinates, which, in many women, show congestion and sensitiveness during menstruation. He was able in a large number of cases of that condition to control the pain of menstruation by applying cocain to these spots and not seldom to cure the menstrual difficulty by cauterization of the same regions with the galvano-cautery.

That a certain percentage of cases of dysmenorrhœa confirm Dr. Fliess' assertions and respond to the treatment which he has inaugurated, is proven by the many reports which have been lately published in the medical papers on the subject. The influence of suggestion in rendering this treatment effective has been discussed, yet some of the reported cases are so striking that the suggestion theory may hold good for some of them, but surely not for all. Applications of water, for instance, in cases where a previous attack had been controlled with cocaine, have proven ineffective. The cocaine is applied on a pledget of cotton through a nasal speculum, 2 or 3 drops of a 10-20 per cent solution, and is carefully limited to the "genital spots," so that there is no danger of intoxication. To be effective it may have to be repeated in 15 minutes.

STATISTICS PROVING THE DECREASE OF THE DIPHTHERIA MORTALITY UNDER ANTITOXIN TREATMENT.

Dr. Erich Mueller, in Berlin (Jahrs. f. Kinderheilkunde, 1902, V. 55), has made thorough statistic investigations concerning the mortality from diphtheria in Germany since 1900, and embracing six years before the introduction of the antitoxin treatment and six others following that period. The pub-

lished figures comprise towns and cities of over 40,000 inhabitants, altogether oo places, from the different parts of the vast German empire, and representing nearly 10,000,000 people, or one-fifth of the total population of these townships. He comes to the conclusion that since 1895 the decrease of the death rate of diphtheria, in comparison with previous years, amounts to fully two-thirds. rapid and striking decrease considerably surpasses the lowest figures of even the most favorable years of the time before the discovery of the diphtheria serum. While the diphtheria mortality used to greatly fluctuate from year to year before the introduction of the new treatment, these fluctuations are hardly to be seen since 1895 and a steady growing abatement of the death rate is taking place.

Very encouraging, indeed, in the face of the stubborn opposition to the use of the antitoxin which is still entertained by some of the clinicians in Europe, for instance, Professor Kassowitz in Vienna.

SOMETHING NEW FOR SEA-SICKNESS.

If you intend to cross either the Atlantic or the Pacific on your next vacation trip, it might pay you to try the latest remedy for rea-sickness. Dr. C. V. Wild highly recommends it in the Arch. f. Schiffs und Tropenhygiene (1902, p. 24), and goes so far as to even praise it for railroad journevs. This time it is the orexine tannate which is selected to make a tour through the medical press under the heading of "no more sea-sickness." You can take it, if you want, in a glass of either tea, coffee or bouillon-providing the stomach doesn't reject the article together with the medicine. The dose is ½ gram (8 grains). The first dose will be surely kept down, as the doctor wants you to swallow it just three hours before you are going to give yourself up to the mercy of the oceanic waves. In about two hours after the steamer gets in motion Dr. Wild promises you to be able not only to partake of a hearty meal, but to keep it inwardly (for how long?). The orexine is to be taken three times daily throughout the whole trip.

Opthalmology.

Conducted by Dr. Melville Black, M. D.

Dr. Uribe Troncoso, City of Mexico, in the Annals of Ophthalmology, July, 1902, has a very extensive and important article entitled "The Pathogenesis of Glaucoma," translated from the Spanish by Dr. Albert B. Hale.

The author has not been satisfied

with the theories advanced as to the cause of glaucoma. He says: "Convinced as I was that some alteration in the aqueous was accountable for the glaucomatous condition, I began to remove this liquid from all glaucomatous eyes which I treated, and had it an-

alyzed chemically. I found, as I had	Mineral constituents 0.6610
hoped, a notable increase in all cases	Organic constituents 1.3822
of the albuminoid constituents as com-	Case 3—Sub-acute glaucoma in man
pared with normal eyes, or others suf-	aged 33:
fering from conditions not glaucoma-	Density 1.005
tous." He quotes Rochon-Duvigneaud	Water98.412
and agrees with him that "such an in-	Mineral constituents 0.515
crease of albumen—a colloid substance	Organic constituents 1.171
-influences to a notable extent the fil-	Case 4—Chronic inflammatory glau-
tration of aqueous which is purely a	coma with acute exacerbation, woman
phenomenon of osmosis." A chemical	aged 69. Aqueous of a dirty yellow
analysis of the aqueous was made in	color:
19 cases of inflammatory glaucoma by	Water95.977
Dr. Fredrico Vallasenor, chemist to the	Mineral constituents 0.431
National Institute of Mexico. The	Organic 3.592
composition of normal aqueous accord-	Case 6—Acute glaucoma in O. S.
ing to Berzelius:	Absolute glaucoma in O. D. Woman
Water98.10	aged 70:
Chloride sodium	O. D.
Substances soluble in water0.75	Density at 19° C 1.013
Substances soluble in alcoholTraces	Water95.7799
ÁlbumenTraces	Mineral constituents 0.3669
According to his chemist, Dr. Val-	Organic constituents 3.8532
lasenor:	Quantity removed o.0545
Density at 18 C 1.012	O. S. Only the reproduced aqueous
Water98.8024	was examined.
Mineral constituents 0.4990	Density at 13° C 1.0085
Organic constituents 0.6986	Water97.9744
A few of his findings from the 19	Mineral constituents 0.4264
cases of glaucoma in which the aqueous	Organic constituents 1.5992
was examined are as follows:	In the 19 cases analysis of the glau-
Case 1—Typical acute glaucoma in	comatous aqueous varied in density
a man of 37. The aqueous was much	from 1.0055 to 1.022 higher than re-
less fluid than normal.	ported by Berzelius in physiological
Density 1.022	aqueous, and than that obtained in
Water96.096	Mexico by Professors Valesenor and
Mineral constituents 1.0463	Lozano which were 1.012 and 1.007.
Organic constituents 2.439	The quantity of mineral salts varied
Case 2—Chronic inflammatory glau	from 0.36 in simple aqueous or 0.28
coma in a man aged 45:	the lowest proportion and 1.68 as the
Density at 18° C 1.0145	highest, in contrast to those of 0.49
Water97.9568	and 1.23 in physiologic aqueous, or to
77 4001	and 1.25 in physiologic aqueous, or to

those of 0.01 in iridochoroiditis and 2.01 in senile cataract. As far as concerns the proportion of organic ingredients the lowest result was 0.78 in simple aqueous as contrasted with that of 0.60 and 0.40 in physiological aque-The maximum was 3.85. claims that hypertension may be produced in two ways, first, by increased difficulty in excretion of aqueous loaded with albumen; second, mechanically by adhesion of the root of the iris to the sclero-corneal junction. The albumenoid constituents may come from two sources entirely distinct: (1) Either the result of an inflammatory process within the anterior segment of the eye which loads the aqueous with fibrin, exudate, etc.; or, (2) as in glaucoma in which albumen is almost exclusively present, they result from some vascular disturbance similar to that seen in interstitial nephritis. There is another form of hypertension produced by an increase in the quantity of aqueous secreted under increased blood supply. In simple glaucoma, where the hypertension is the essential mark of the disease the author thinks that the vessels of the ciliary body and iris are diseased and allow the albumen to pass through them into the anterior chamber. claims that pathologic investigations have shown the frequency and gravity of the alterations of the blood vessels, these being principally lesions in senile arterial sclerosis and endovasculitis. which are found in the vessels of the iris, ciliary body and retina. lesions suffice to explain the passage of albumen from the blood to the aqueous. As is well known, movement of al-

bumen through the vessel walls depends largely upon the slowness of the blood stream, a slowness which in this case is caused by the roughening of the epithelium of the inflamed vessels, with, as a consequence, a reduction of arterial pressure and increase in venous pressure, conditions which, as Stokvis and Runeverg say, are most favorable to the filtration of albumen. The nervous system must play an important part in the production of dialbumenosis. Dilatation diminishes arterial pressure and slows the blood stream, thus permitting egress of substances which in the normal state would be retained within Thus may be explained the vessels. the influence which some emotion or a shock has upon the precipitation of glaucoma and confirmed the effect which Abadie says the sympathetic exercises in the production of glaucoma." The author now goes into the genesis of glaucoma, then describes the "effect of iridectomy, other operations and myotics in inflammatory glaucoma." Iridectomy he regards as being beneficial only when the iris is not firmly adherent to the filtration angle. and when done early saves that much of the filtration angle. Myotics, according to the experiments of Gronholm, contract the ocular vessels so that the quantity of blood is diminished, the albumen is thereby proportionately decreased and filtration rendered the more easy. The remainder of the article is devoted to chronic simple glaucoma, secondary glaucoma, luxation of the lens, traumatic cataract, discussion of secondary cataract, and, in this connection, strongly advises against extensively

wounding the vitreous. He closes the article with a chapter on experimental glaucoma. He says: "With the object of proving experimentally the phenomena caused by increased albumen in the vitreous, I began a series of tests by injecting into the anterior chamber of some rabbits a few drops of vitreous; into others, albumen from an egg. I did not expect to produce a true glaucoma nor do I claim that I had time

to elaborate the tests as I might have desired; nevertheless, they are enough to demonstrate that hypertension always follows increase of albumen in the aqueous." He then reports in detail the experiments made on nine rabbits. This is a most instructive article and explains much that has been dark in the etiology of glaucoma. It will no doubt stimulate further investigation in this direction.

Physiology and Hygiene.

Conducted by Allison Drake, Ph. D., M. D.

EXAMINATION OF SCHOOL CHILDREN AS TO VISION AND HEARING.

The State Board of Health of Illinois directs that teachers in the public schools take note of the following items in the case of all except first grade pupils:

- 1. Does the pupil habitually suffer from inflamed lids or eyes?
- 2. Does the pupil fail to read a majority of the letters in the number XX (20) line of the Snellen's Test Types, with either eye?
- 3. Do the eyes and head habitually grow wearly and painful after study?
- 4. Is the pupil apparently "cross-eyed"?
- 5. Does the pupil complain of ear-ache?
- 6. Does matter (pus) or a foul odor proceed from either ear?
 - 7. Does the pupil fail to hear the

tick of a good-sized watch at three feet, with either ear in a quiet room?

- 8. Does the pupil fail to hear an ordinary voice at twenty feet in a quiet room?
- 9. Does the pupil fail to breathe properly through either nostril?
- 10. Is the pupil an habitual "mouth-breather"?

The teacher is provided with testing charts and instructions. The charts are to be visible only during the operation of testing which is carried on in a room for the purpose where only one pupil is admitted at a time. If the pupil habitually wears glasses, they should be carefully adjusted during the test. The chart must not be covered with glass and should be in good light.

The teacher is provided also with printed cards having blanks to be suitably filled out and sent to the parent if the examination brings out an affirmativ answer to any of the ten questions above given, and the parent is advised to consult the family physician in the matter.

ILLUMINATING GAS AND THE PUBLIC HEALTH.

Mr. James C. Bayles, M. E., Ph. D., in discussing (The New York Medical Journal) the relation of the leakage of illuminating gas and the public health, affirms that the greatest danger is from gas that escapes from the gas mains and filters through the soil, as only the most deleterious constituent of the gas is filtered through. Water gas is far

more dangerous than coal gas and is exceedingly poisonous.

Mr. Bayles says that investigation has found that gas is always escaping in greater or less amount in almost every house in which gas is used, but that this source of poisoning is more or less held in check because detectable by the sense of smell. Mr. Bayles thinks the deadly character of sewer gas mostly due to the "filtered" gas in it. The physician, in Mr. Bayles' opinion, would do well to bear in mind gas-leakage as a possible cause of many diseases of obscure origin, and especially anemia.

Gynecology and Obstetrics.

Conducted by Clarence L. Wheaton, M. D.

MEDICAL TREATMENT OF EROSIONS AND ULCERATIONS OF THE CERVIX.

Lutaud says, in the Revue Practique d'Obstetrique et de Gynecologie, that if we leave for the time being the etiological factors, the lesions of the cervix may be divided into the following varieties:

- a. Simple erosion, characterized by a sort of desquamation of the mucous membrane.
- b. Ulceration of the cervix characterized by a true scar with more or less loss of substance.
- c. Laceration with extensive ulceration causing a modification of the form of the cervix.

In such cases surgical treatment is essential. The treatment of the simple erosions consists for the most part of tincture of iodine or a solution of silver nitrate one to thirty. Glycerine tampons are very popular but the writer uses the following:

R Glycerine 100 gm. Zinc sulphat.... 2 gm. Essence gaultheriæ...q. s.

In cases where the cervix is large and torn the use of the thermo-cautery is beneficial. This small operation consists of introducing two or three points of the cautery about one centimeter into the cervix, and here it is well to remember that the uterus is not a sensitive organ and that the application of the cautery to the cervix is not very unpleasant. It is well to use a Ferguson speculum and see that the operation is followed by a vaginal douche, after which a tampon of iodoform gauze should be used.

Concerning the ulcerations, the

writer says that these are generally touched with a stick of silver nitrate followed by a boro-glyceride tampon. The following dusting powder may be used and held in place by a tampon:

R Iodoform40 gm. Acidi salicylat, Bismuthi subnitrat, aa 10 gm. Camphor5 gm.

RETRO DISPLACEMENTS OF THE UTERUS IN YOUNG GIRLS AND MARRIED WOMEN.

- D. Herman E. Hayd of Buffalo, abst. from *Medical Review of Reviews*, makes the following points:
- I. A plea for a more careful examination of young women.
- 2. Not every case of retro-displacement of the uterus in the young woman requires treatment.
- 3. If the displacement produces definite symptoms, the Alexander operation should be employed if the case be an operative one, that is, if the uterus is freely movable and the tubes and ovaries are healthy.
- 4. Retroversions and retroflexions should be treated by pessaries: Tampons and pessaries have a minor place in the retrodisplacement of married women but accomplish nothing in those of the young women.
- 5. The Alexander operation is safe and without mortality incident to the operation and no harm can come from its proper performance. Even if the uterus subsequently falls back, the patient is no worse off than she was previous to operation.
- 6. It does not in any way interfere with pregnancy and future child bear-

ing, but on the contrary materially helps the possibility of pregnancy.

7. No pain or distress follows the operation if the case be properly selected, and if pain and suffering result there has existed at the time of the operation some latent tubal and ovarian trouble which sooner or later will require a radical operation.

SURGERY OF THE VAGINA.

Campbell, in the Kansas City Medical Index-Lancet, insists on the following points:

- 1. That prolapse of the uterus is, strictly speaking, hernia of the uterus due to weakening of the pelvic floor from different causes.
- 2. In child-bearing women the cause usually is the traumatism inflicted upon the pelvic floor incident to labor.
- 3. That the pelvic floor, whenever injured, should be repaired as a preventive measure in the production of hernia of the uterus.
- 4. That the reparative work on the pelvic floor must necessarily be the province of the general practitioner.
- 5. That the physician who is competent to safely care for women in confinement should also be competent to repair the pelvic floor.

EXTRAORDINARY CASE OF TRAUMA IN A PREGNANT WOMAN.

N. J. Schu (*Philadelphia Medical Journal*) reports the following case:

A woman, 29 years of age, four months pregnant, fell five stories out of a window. When picked up she was found in a sitting position. She

was in a conscious condition. Patient recovered from first shock in less than twenty-four hours and then complained of pain in the left side in the region of the left kidney. The urine contained a very large quantity of blood. Temperature was 90°, pulse 130 (twenty-four hours later the pulse was about 100). An exploratory laparotomy was refrained from on account of her pulse and general conditions improving. On the fourth day there was no more blood found in the urine. Temperature and pulse were now normal. She made a prompt recovery. Five and one-half months later she gave birth to a living child.

CÆSARIAN SECTION IN A CASE OF MUL-TIPLE INCISED WOUNDS IN THE UTERUS.

(Philadelphia Medical Mikonoff Journal) reports the case of a girl, 16 years old, who was received at the hospital in an unconscious state with eleven incised wounds. Two of these penetrated the lung and three the abdominal wall. The largest wound of the abdomen was 12 cm. long and on the median line below the umbilicus. Through it protruded the wounded pregnant uterus and through another wound above the anterior superior spine of the ileum protruded several loops of intestine, and between them the arm of the child. From another protruded the shoulder of the child. The intestines were scattered on the extremely dirty shirt. A Cæsarian section was performed at once and the wounds closed. The operation lasted two hours, during which time 1,000 grams of physiologic sat solution were injected. The girl made an uninterrupted recovery save for a pleurisy which lasted eight days. This was accompanied by a slight elevation of temperature. The case illustrates what may be accomplished by timely aid even in apparently hopeless cases.

GUNSHOT WOUND OF THE PREGNANT UTERUS.

Grethorn (illustrated in the Illustrated Medical Journal) was able to collect from the literature the reports of 17 authentic cases of gunshot wounds of the pregnant uterus the histories of all of which he gives in brief. Based upon the studies of the pathological findings, the symptoms, the treatment resorted to and the final outcome, the writer draws some interesting conclusions in regard to the pathology, symptomatology, diagnosis, prognosis and treatment of these injuries. treatment, the rule is laid down that in every case of gunshot wound of the pregnant uterus Cæsarian should be performed at once.

GANGRENE OF THE UTERUS FOLLOWING ABORTION.

A. Thoinot (Revue Practique d'Obstetrique et de Gynecologie, 1902) said that gangrene of the uterus was a very interesting condition from a clinical point of view, but that it was not so interesting from a medico-legal point as it solved itself into the questions: Was the condition a spontaneous process or had it been provoked with criminal intent?

The first specimen was taken at au-

topsy from a young woman who had a miscarriage induced by a widwife of Paris at the fourth month. When the patient consulted the doctor she complained of pain which was limited to a small area in the abdomen. The patient submitted to an operation which revealed a gangrenous uterus.

The second case was that of a young woman, married and 27 years old, who had two children. After operation the uterus showed a small perforation, 0.06 centimeter in diameter, extending to the intersection of the round ligaments. The uterine cavity was absolutely empty, which, the doctor thought, showed that the infection had taken place following a miscarriage three or four months before. The cause of her death was general peritonitis.

The third case was also interesting on account of a small perforation the edge of which was gangrenous. uterus was friable. Peritonitis was marked. The uterine cavity was filled with serum. This case was one of spontaneous gangrene. It is the writer's opinion that uterine gangrene is a form of puerperal infection following confinement or abortion and may lead to a gangrene involving more or less of the uterus and a perforation of that organ. The prognosis in these cases is very grave, the mortality being as high as 27.5 per cent.

PRIMARY TUBERCULOSIS OF THE CERVIX SIMULATING CANCER.

Dr. A. H. N. Lewes' paper was of the above title read before the London

Obstetrical Society. The patient was a married woman, 36 years of age, who had never been pregnant. For nine months before she came under observation there had been a vaginal discharge which was blood-stained and offensive. Bleeding had been noticed after coitus and also after using a She had had slight vaginal douche. pain in the left iliac region for about five months but it was not severe. The catamenia had been regular, lasting three or four days only, and not attended by any special pain. The patient's general health had been good up to twelve months before she came under observation. Then she found herself beginning to get weak and disinclined for exertion and to suffer from the local symptoms above mentioned. She did not think she had lost flesh. One of her aunts had died from consumption, otherwise the family history was unimportant.

On vaginal examination the condition of the vaginal position of the cervix seemed to be identical with what was found in many cases of cancer. It appeared to be the seat of a growth which was friable and bled readily in The uterus was freely examination. movable. Believing that the patient had a cancer of the cervix, a vaginal hysterectomy was performed. The patient made a good recovery. Since that time she has enjoyed fairly good health and has had no return of the bleeding. While she was in the hospital there was no evidence of any disease in other When portions of the supposed malignant growth were examined by the Clinical Research Association, no evidence of cancer was

found but the structure was entirely tuberculous.

Diseases of the Genito-Urinary System

Conducted by Donald Kennedy, M. D.

EXTERNAL URETHROTOMY.

In a very interesting article on external urethrotomy, Dr. J. C. Munro of Boston reports fifty cases of various conditions. He believes there is no operation which is productive of more relief than this one; at the same time it is occasionally one of the most difficult. One case of stricture is of particular interest in that it shows the advisability of resorting to retrograde catheterization, when after careful dissection the urethra cannot be found. He says: "Two cases died. In one, operation without a guide was started by my house surgeon who got lost in the dissection of a perineum full of cicatricial tissue. Finally, as there were no landmarks to go by, the bladder was opened by blind dis-Sharp bleeding followed. section. relapsing hemorrhage a few hours later necessitated a second search and again the bladder was opened and a catheter tied in, but the patient steadily failed and died in a few days. Autopsy showed that the bladder had been opened from the right and above the urethra and the bleeding had taken place between the bladder and ramus. Into this space urine had leaked. There was a slight beginning of peritonitis, the bladder was small and empty and the urethra full of false passages. Had the urethra

been opened on a guide passed from the bladder outlet, the result would have been different."

The reviewer has on various occasions expressed the opinion that in doing external urethrotomy without a guide, if we fail to find the urethra after careful dissection, we should resort to retrograde catheterization. In a discussion on this subject we were criticised by three eminent gentlemen who said they could not understand why we wished to drain the bladder from its dome instead of the perineum. One argued that by so doing, we should have extravasation in the prevesical space.

What do we mean by retrograde catherization? Is it drainage? Most certainly not. We mean by that term that we do a supra-pubic cystotomy, introduce a sound through the opening and bring the point of the instrument to bear against the posterior face of the stricture. The tissues are then divided on the point of the instrument and all danger of going astray is avoided. After completing the operation the bladder is drained by the perineum and the danger of extravasation through the dome is nil. In a recent case we resorted to a retrograde catherization in a manner differing from the operation described, and by a method which we be-

lieve to be entirely new. Instead of doing a supra-pubic cystotomy we tapped the bladder with a trocar, canula No. 21 F. The trocar was withdrawn and a rubber tube made like a catheter but without an eye, caliber No. 18 F., was introduced and the canula withdrawn, leaving the tube in situ. Through this tube a No. 12 Goulev's sound was introduced. This now gave me a rubber covered staff within the bladder. The point of the instrument was thrust through the prostatic urethra and brought to bear on the posterior face of the stricture, which was easilv divided. The bladder was irrigated with a solution of boric acid and the stream made to play upon the staff so that on its withdrawal it would not carry infection to its tract. The instrument was then withdrawn and the bladder drained by the urethotomy wound as usual. The supra-public puncture gave no trouble and was healed in a few days. This method is extremely simple, can be done quickly and adds nothing to the gravity of the case.

Belfield in the course of a clinical lecture made the assertion that the treatment of gonorrhoea by means of injections is palliative and does not cure. He recalls the fact that the urethra is collapsed and has numerous transverse and longitudinal folds. In order to medicate the entire surface, the ordinary two drachm syringe will not do; the syringe should hold at least one-half ounce. While with this syringe the inner surface can be medicated, still the gonococci can not be reached as the

lacunae of Morgani are filled with them and they also penetrate the epithelium and subepithelial tissue. In order to destroy the bacteria the injection would have to penetrate the epithelium and underlying tissues. Each one of these two reasons would be sufficient to explain why the treatment of gonorrhoea by injection is of necessity merely palliative and not an ideal cure.

That is true of all treatments by iniection that are known today. do good as far as they go, but they do not go far enough. They destroy merely some of the bacteria and leave thousands of them unaffected to continue the manufacture of toxins and the irritation of the tissues. The injection prescribed is one grain of yellow muriate of hydrastis and three grains of nargal to the ounce of water. The patient is usually instructed to get a one ounce syringe as most will have need to inject the entire urethra before they get through and it is better to buy one syringe than two. After urinating, the patient should inject a half ounce of hot water, hold it for a minute or two and then let it run out. He should then inject the urethra with the nargal solution and retain it for five minutes. should be done at least four times a day and eight times would be better. Cubebs, sandalwood and copaiba may be used; all have some good influence on the discharge and all have some bad influence on the stomach. When the infection has spread into the deep urethra. as it usually does in two weeks, then the injection must be made to go after it. We need more of the injection fluid to do that, and therefore I have my patients get the ounce syringe. I instruct them how to inject an ounce into the deep urethra. All patients want to know how long it will take to cure them. I tell my patients that if they are entirely well in a month they are very fortunate; that if they get rid of it in two months they still belong to the elect and they should not kick if it takes three months.—Medical Standard, August, 1902.

SOCIETY REPORTS.

The Boulder County Medical Society.

(This report appears in no other medical journal.)

The Boulder County Medical Society held its regular monthly meeting at the office of Dr. G. H. Cattermole, Thursday evening, August 7, 1902. In the absence of the president, Dr. E. B. Queal took the chair, Dr. Miles acting as temporary secretary. The members present were Drs. Barbour, Cattermole, Keyser, Miles, Coman, Gilbert, Queal, Reed, Talbott and Washburn.

The question of reorganization was under discussion. After considering in detail the points brought out in the proposed constitution and by-laws for state associations and their component county societies, it was unanimously decided to reorganize the Boulder County Society, apply for a charter, and fall in line with the reorganization movement as inaugurated by the organization. Committees national were appointed for carrying out the various details, and the society in general expressed itself as sanguine of much good from a closer organization.

Dr. Cattermole exhibited a very interesting specimen of exfoliated membrane and related a brief history of a case of what appeared to be exfoliative gastritis, the membrane hving been vomited on several different occasions.

The next meeting will occur September 4, 1902, when Dr. J. E. Courtney of Denver will be present and address the society. M. E. MILES,

Temporary Secretary.

The Boulder County Medical Society held its regular monthly meeting in Boulder, Thursday evening, September 4, 1902.

The meeting, being for the purpose of completing the reorganization, electing the permanent officers, adopting a constitution and by-laws and becoming affiliated, in spirit and in truth, with the national association, was largely attended.

The president, Dr. Queal, was in the chair. The members present were Drs. Cattermole, Miles, Giffin, Talbott, Barbour, Reed, Keyser, Baird and Gilbert.

The constitution and by-laws for county medical societies, as proposed by the committee of the American Medical Association, was read and adopted with some minor alterations.

The general plan of reorganization and the proposed continuity of action

from the county up to the national body was warmly commended and will receive the hearty support and co-operation of this body.

The following officers were elected, to serve until the regular annual meeting:

President, Dr. E. B. Queal of

Boulder; vice president, Dr. E. B. Trovillion of Gold Hill; secretary, Dr. W. J. Baird of Boulder; treasurer, Dr. W. W. Reed of Boulder; censors, Drs. Gilbert, Cattermole and Robertson.

The meeting adjourned to meet at the office of the president, Thursday evening, October 2, 1902.

NEWS ITEMS.

NATIONAL ASSOCIATION OF UNITED STATES PENSION EXAMINING SURGEONS.

At Saratoga Springs, N. Y., on June 9, was organized the National Association of United States Pension Examining Surgeons. On account of the large number of these surgeons and the peculiarities of their work, the desirability of such an organization has been felt for some time, and several suggestions have been made with this end in view, but no substantial progress was made until the meeting at Saratoga Springs.

This was successful in every way. A large number of enthusiastic examining surgeons were present, a permanent organization was effected, and officers were elected for the coming year. Several interesting papers were presented and, by special invitation, Dr. J. F. Raub, medical referee, favored the association with a paper, full of invaluable suggestions concerning the work of the pension examining surgeons. This, by vote of the association, is to be printed and sent to examining surgeons the country over.

During the coming year a vigorous and earnest attempt is to be made to interest every pension examining surgeon in the United States in this organization, and to induce as many as possible to join it. Inasmuch as these number about 4,500, all picked men, it is evident that the association is probably destined to become an important factor in the medical life of America.

The officers elected for the ensuing year are: President, Wm. A. Howe, M. D., Phelps, N. Y.; vice presidents, Wm. H. Hall, M. D., Saratoga Springs, N. Y.; Cyrus L. Stevens, M. D., Athens, Pa.; Charles James Fox, M. D., Willimantic, Conn.; G. Law, M. D., Greeley, Colo.; secretary, Wheelock Rider, M. D., Rochester, N. Y.; treasurer, Charles H. Glidden, M. D., Little Falls, N. Y.

The executive committee is made up as follows: The president, ex officio, F. W. Firmin, M. D., Findlay, Ohio; John Van Rensselaer, M. D., Washington, D. C.; J. Sutcliffe Hill, M. D., Bellows Falls, Vt.; Warren E. Anderson, M. D., Pensacola, Fla.; Henry Allers, M. D., Newark, N. J.; J. H. Maxwell, M. D., Newton, Ill.; G. Lane Taney-

hill, M. D., Baltimore, Md.; and Joseph E. Jones, M. D., DeSoto, Mo.

All members of pension examining boards and all expert examiners are eligible for membership, and any such may become a member by sending his name and the dues for one year (one dollar) to the treasurer, Charles H. Glidden, M. D., Little Falls, N. Y.

FOURTEENTH INTERNATIONAL MEDICAL CONGRESS.

The next session of this congress will be held in Madrid, Spain, April 23-30, 1902, under the patronage of their majesties, the King of Spain and the Queen Mother.

The preliminary statement of organization and program has just been issued and it announces that members of the congress will be physicians, pharmacists, dentists, veterinary surgeons and other persons working at branches of medical science, both Spaniards and foreigners, who have entered their names and paid their subscriptions. Other persons who have scientific or professional titles and who wish to take part in the work of the congress may do so under the above conditions. The subscription is 30 pesetas, which may be paid to the secretary of the national department of the subscriber until March 20, 1903, but after that time subscriptions must be paid direct to the general secretary, faculty of medicine, at Madrid, before the opening of congress.

Members will receive a summary of the proceedings of the congress and a full report of the work of the particular section which they join.

The official languages will be Spanish, French, English, German and Italian. Papers must be sent to the general secretary before January 1, 1903, to be certain of a place in the order of business. Papers presented later will be considered after the discussion of those regularly announced. Communications should be accompanied by a short abstract which will be distributed by the members of the congress.

J. H. HUDDLESTON, M. D., Secy. of the American Department, 126 W. 86th St., N. Y.

The Michigan State Board of Registration in medicine has announced its intention of establishing reciprocity with other state boards in the matter of issuing licenses to practice. Certain conditions are stipulated. (1) In case of physicians whose diplomas and licenses have been obtained since July 1, 1902: "a license or certificate of registration of at least one year's date. based upon presentation of a satisfactory medical diploma of graduation. and an examination before a state mediexamining board in specified branches of medicine and surgery shall be accepted at the discretion of this board in lieu of an examination * and as a basis upon which a certificate of registration may be issued by the secretary with the endorsement of the president and chairman of the registration committee of this board."

For applicants who obtained their diplomas and licenses before July 1, 1902, "a license or certificate of qualification issued by a state board of registration or medical examiners of at least one year's date, based upon presentation of a satisfactory medical diploma, and upon the recommendation of a state board of registration or medical examiners as to the reputability of the applicant, shall be accepted at the discretion of this board in lieu of an examination * * * and as a basis upon which a certificate of registration may be issued by the secretary with the endorsement of the president and chairman of the registration committee of this board."

The minimum standard of requirements as regards medical instruction received by those whose diplomas bear date later than July 1, 1902, is as follows: (1) Lectures, recitations, etc.: 30 hours in electro-therapeutics, 160 hours in physiology, 10 hours in pathology, 80 hours in histology, 200 hours in practice of medicine, 100 hours in obstetrics, 60 hours in bacteriology, 15 hours in medical jurisprudence, 160 hours in anatomy, 160 hours in chemistry and toxicology, 130 hours in therapeutics, 30 hours in hygiene, 200 hours in surgery, 30 hours in gynecology, 48 hours in diseases of the eye and ear, 100 hours in pharmacology (2), in laboratory work and demonstrations: 240 hours in anatomy, 120 hours in pathology, 100 hours in histology, 120 hours in bacteriology, 36 hours in obstetrics, 60 hours in eye and ear, 180 hours in physiology, 180 hours in chemistry and toxicology, 200 hours

in surgery, 120 hours in practice, 32 hours in dermatology, 120 hours in gynecology.

The medical course must have extended over four years of at least six months' instruction each year.

The American Congress of Tuberculosis, at its recent session in New York, adopted the following resolutions:

"Whereas, Tuberculosis is an infectious disease ordinarily communicated from person to person by means of the dried sputum of a consumptive patient; and

Whereas, The spread of tuberculosis could be largely controlled by proper care of such sputum and the enforcement of comparatively simple measures; therefore, be it

"Resolved, by the American Congress of Tuberculosis, That the health authorities be urged to disseminate to the widest extent possible, through the public press and otherwise, correct information as to the manner in which this disease is produced, and the means to be employed for its prevention.

"Resolved, That we believe it to be the duty of the national, state and municipal governments to enact rational methods for the prevention of tuberculosis, and we recommend the establishment of institutions for the care of indigent consumptives.

"Resolved, That there should be state and municipal supervision of all public conveyances for the transportation of passengers, and in view of the fact that spitting on the floors of public conveyances favors the spread of tuberculosis and is injurious to the public health, it is recommended that transportation companies be induced to pass and to enforce rules against this act.

"Resolved, That appropriations should be requested from state and municipal governments for the publication and distribution as a means of education in the prevention of the spread of tuberculosis.

"Resolved, That all cases of tuberculosis should be reported by the attending physician to the health boards for the purposes of disinfecting of houses occupied by consumptives."

Katherine L. Ball of San Francisco tried fasting as an anti-fat remedy under the direction of a physician. To begin with, Mrs. Ball weighed 250 pounds. She fell off 40 pounds by the end of fifteen days' fasting. time she had no craving for food and felt strong; in fact, she was able to climb three flights of stairs without stopping for breath. She continued to improve until the twenty-first day. Her aim was to fast fifty days, but on the forty-fifth day her symptoms became so alarming that a change of physicians was thought best and slight nourishment was administered, but without avail. Mrs. Ball died weighing only 120 pounds.

The Denver Health Department has again been investigating the subject of adulterated milk. It finds that the tendency of adding preservatives is rather widespread and have made preparations to take active steps toward its suppression. The Dairymen's Association adopted resolutions denouncing the adulteration of milk and cream and call upon all honest dairymen to aid in driving this undertaking entirely out of the business.

The Denver Emergency Hospital has selected the following officers: Superintendent, W. H. Sharpley, M. D.; matron, Mrs. Martha Quinn. The board of managers consist of F. R. Carpenter, president; Mesdames Barklow, Lunkin, Carpenter, J. H. Brown, Wheeler, C. W. Wallace, Miss Kate Brown, and Doctors Robinson, Dulin, Sharpley and Hickey.

Doctors F. K. Dabney and F. A. York of Denver have recently removed several worms from the face of an eightmonths-old child. They were supposed to be due to a deposit of the eggs of some kind of fly, presumably oestrus oestromy, though the matter has not been fully determined.

A recent addition to serum therapy has been announced by Dr. Doyen of Paris, who introduced to the Academy of Medicine a serum against boils and carbuncles, derived, of course, from the staphylococcus.

Cholera has also spread from the Philippine Islands and China to Japan.

The staff of the Denver Emergency Hospital has been selected and constitutes the following: Doctors Boice. Packard, Bartholomew, Black, Blaine, Brasher, Crews, Brown, Cunningham, Eckerson, Foster, Gorsuch, Heisen, Henry, Hughes, Kinley, Lyman, Kinney, Locke, Martin, McNaught, Miles, P. D. Rothwell, W. J. Rothwell, Rover, King, Hickey, Higgins, Horne, Lucy, Macomber, O'Connor, Purcell, Richmond, Van Gilder, Robinson, Simon, Smith, Stemen, Warren, Sherman. Williams, A. Williams, Kleiner, Mugrage, Cuneo, Walbrach, Kincaid, T. J. Carlin, Delehanty, Case, Taussig, Davis, Hail, Dean, Dulin, Ferguson, Sharpley, Elliott, Engzelius, Blair, Welsh, Wilder, Stevens, Greedy and Jaeger.

Dr. Eugene Grissom, formerly a practitioner in Denver, died in Washington, D. C., July 27. He was at one time first vice president of the American Medical Association and has several times been presiding officer of the Association of Superintendents of American Insane Asylums. For twenty years he was Superintendent of the North Carolina Insane Asylum at Raleigh, N. C. His daughter graduated as nurse from St. Luke's Hospital and subsequently married Dr. Rucker of Aspen.

An appropriation of \$300 will be spent for the purchase of new books for the Medical Library of the State University this year.

According to the report of the Denver health commissioner there has been a considerable increase in the death rate of Denver during July. The total number of deaths was 236, as contrasted with 210 for the same month of last year. There were 40 deaths from consumption, 2 of which were contracted In 1901, in the same iń Colorado. month, there were 31 deaths from consumption, I of which was contracted in Colorado. The death rate was 18.80 per thousand, excluding the cases of consumption contracted outside state 15.76. Out of the 236 deaths only 95 were females. Eighty-two cases of typhoid, with a mortality of 10, and 43 cases of diphtheria, with a mortality of 3, were reported. In August 210 deaths were reported. This was an increase of 1.94 per thousand from August of last year. Of these deaths 39 were from consumption, 5 of these being contracted in the state. There were 97 cases of typhoid fever, with a mortality of 15, and 56 cases of diphtheria, with 7 deaths reported.

A medical student by the name of Kolomaizeff, of St. Petersburg, hatched a chicken by carrying the egg in his armpit for eighteen days.

An Egyptian mummy of the eleventh dynasty (about 3,000 years B. C.) is a witness to the fact that operation for appendicitis was performed at that early day, and probably also shows that the operation then, as now, was not always successful in saving life.

It is reported that Dr. Mayfield of St. Louis is endeavoring to interest Denver in the erection of a national sanitarium for consumptives. There is unquestionably great need for sanitaria

throughout the Rocky Mountain region, but we may be permitted a little scepticism as to the erecting of this proposed hospital.

BOOK REVIEWS.

A TEXT BOOK OF MEDICINE, for physicians and Practitioners. By Dr. Adolph Struempell, Professor and Director of the Medical Clinique at the University of Erlanger. Third Translated by permission Edition. from the 13th German edition by Herman F. Vickery, A. B., M. D., Instructor in Clinical Medicine. Harvard University; Visiting Physician of the Massachusetts Medical Society, etc., and Phillip Coombs Knapp, A. M., M. D., Ex-President of the American Neurological Association; Clinical Instructor in Diseases of the Nervous System, Harvard University; Physician for Diseases of the Nervous System, Boston City Hospital; Fellow of the Massachusetts Medical Society, etc. With editorial notes by Frederick C. Shattuck, A. M., M. D. Jackson Professor of Clinical Medicine, Harvard University; Visiting Physician of the Massachusetts General Hospital; Member of the Association of American Physicians; Fellow of the Massachusetts Medical Society. With 185 illustrations in the text and one plate. D. Appleton & Company, publishers, New York, 1901.

Struempell's text book of medicine has long been regarded as a representative and standard work. That it has reached thirteen editions in German is evidence of its position at home, and its popularity may be seen from the fact that it has been translated into French. English, Italian, Spanish, Russian, Modern Greek, Turkish and Japanese. The widespread fame of its author and the fact that the present edition is the third American edition, demonstrates the recognition given it by the American profession. The present revision is the more valuable in that it presents this standard work up to date. It represents essentially the present teaching of a special personality covering the field of general medicine as well as can be satisfactorily done in the limits of a one-volume work.

The various diseases ordinarily contained in a work of general medicine are presented, tersely and clearly. The discussions are necessarily somewhat condensed, but a correct perspective is given to the individual subjects and no essentials are omitted. Those afflictions frequently met or of considerable importance on account of their severity and the seriousness of their sequels are

presented at considerable length. The others are, of course, broadly sketched in their most prominent characteristics. Considerable attention is given to the prevention of disease, diagnosis and treatment.

The illustrations are typical and well selected. The work will certainly have its influence upon cotemperary practice and will maintain the author's reputation.

THE INTERNATIONAL TEXT BOOK OF SURGERY by American and British Authors. Edited by J. Collins Warren, M. D., LL. D., Professor of Surgery in Harvard Medical School, Surgeon to the Massachusetts General Hospital; and A. Pearce Gould. M. S., F. R. C. S., Surgeon to Middlesex Hospital, Lecturer Practical Surgery and Teacher of Operative Surgery, Middlesex Hospital Medical School, Member of the Court of Examiners of the Royal College of Surgeons, England. Volume I, GENERAL OPERATIVE SUR-GERY. With 458 illustrations in the text and 9 full page plates in colors. Cloth, \$5.00 net per volume; sheep or half Morocco, \$6.00 net per volume. W. B. Saunders & Co., Philadelphia and London.

Of the modern works on surgery this will hold a deservedly very high rank. It is recognized that this subject is, at the present day, so comprehensive that no one individual can hope to be its master in all branches, let alone attempt to teach it thoroughly. Therefore, in the compilation of this contribution to the literature of surgical text

books, a large corps of contributors has been selected from those members of the profession of this country and England who are most able to authoritatively speak on the special subjects assigned them.

The present volume comprises the subject of General Surgery, the various branches of Special Surgery being reserved for the second volume of the work.

The very opening chapter conveys an idea of the thoroughness and clearness and masterful presentation of the subject which is found maintained throughout the entire volume. It gives by Dr. Harold C. Ernst, a resume of the subject of bacteriology in its direct relations to surgery. This is followed by two chapters on pathology by J. Collins Warren, M. D., taking up the subjects hyperemia, inflammation, local inflammation and its terminations, suppuration, abscess, ulcer, sinus and fistula. He also has a later chapter on erysipelas, hospital gangrene and te-To those familiar with Warren's Surgical Pathology, it need only be stated that these subjects are treated in his usual careful, thorough and lucid manner.

The subject of the surgical pathology of the blood is briefly treated by Richard C. Cabot, M. D., than whom no one is more competent in this field. The various subjects of wounds and contusions, burns and scalds, effects of lightning, shock, fat-embolism and the repair of special tissues are discussed by George Ryerson Fowler, M. D. Weller Van Hook, M. D., takes up the subjects of constitutional reactions to

wounds and their infections, also a chapter on hydrophobia and anthrax, glanders, actinomycosis, madura-foot, snake-bite and insect-bite. The subject of gangrene in general is treated by Walter George Spencer, M. S., F. R. C. S., while I. H. Cameron, M. B., takes up the subject of surgical tuberculosis.

The chapters thus enumerated form practically a distinct section in the work although the book is not subdivided in this manner. In time we shall distinctly recognize the fact, which many of us are apt to overlook or forget, that without a proper knowledge of pathology the good surgeon is an impossibility, that operative technic, while the most showy, is not the most important characteristic of the surgeon.

We might regard the next four chapters as properly a second section of the work, devoted to the subject of surgical technic. These are a chapter on the technic of aseptic surgery by Charles McBurney, M. D., Howard D. Collins, M. D., and Frank Oastler, M. D., one on operative and plastic surgery by J. Collins Warren, M. D., one on minor surgery by John Chalmers DaCosta and the fourth on anesthetics and surgical anesthesia by George M. Gay, A. M., M. D., Franz Pfaff, M. D., and T. G. A. Burns, M. R. C. S. In these are taken up with ample detail the various steps of preparation, the methods of general operative work and the accessories thereto, each element of the technic of operation and subsequent treatment.

The rest of the volume, some 450 pages, is devoted to a series of chap-

ters on what we might consider semispecial surgery, such as tumors in general, fractures, injuries and diseases of the joints, affections of bones, muscles, etc., each treated by a surgeon or surgeons who have attained special prominence in these fields.

As a whole, the work is one which will no doubt long maintain its position as an authoritative one. surgery is constantly advancing and that quite rapidly, nevertheless the present edition presents the status of surgery of to-day so thoroughly and so well that we can safely assert that the day of its displacement is far distant. As a work for consultation and study, it is probably unexcelled, if equaled, both as regards the discussion and the mechanical presentation. The numerous paragraph headings in prominent type serve as direction to the eye and to insure emphasis. The illustrations are excellent, many of them the highest type of medical pictorial art, many of them new and all of them pertinent to the subject under discussion and subserving a distinct purpose.

THE PRINCIPLES AND PRACTICE OF
..MEDICINE. Designed for the use of
Practitioners and Students of Medicine. By William Osler, M. D., Fellow of the Royal Society; Fellow of
the Royal College of Physicians.
London; Professor of Medicine in
the Johns Hopkins Hospital, Baltimore; Formerly Professor of the Institute of Medicine in the University
of Pennsylvania, Philadelphia.
Fourth edition. New York. D. Appleton & Co.

Osler's work on medicine has, in former editions, attained the position of a classic in medical literature. This revision of his work will simply serve to render more firm and stable the position already attained.

On account of the recent great advances in medical knowledge, especially along the lines of etiology, many important changes have been made. This specially applies to the chapters treating of malaria, dysentery, yellow fever and the plague.

The chapter on typhoid fever has been very largely rewritten and numerous additions have been made to the discussion of pneumonia. Of course diphtheria, rheumatism, small pox and cerebro-spinal fever as well as many of the other acute infectious diseases all call for numerous changes. The discussion of acute tuberculosis, diseases of the pancreas, splenic anemia, arsenic poisoning, herpes zoster, adiposis dolorosa, fibrinous bronchitis, albumosuria, oxaluria, Meniere's disease, aphasia, combined scleroris of the cord, myesthenia gravis, congenital aneurism, surgical treatment of aneurism and scurvy have all received alterations in the text.

Of the method of presentation but little need be said. The discussion of each subject is carried on in a decidedly methodical way. In the cases of the important diseases a short historical sketch is given. Stress is laid upon diagnosis and the important points are presented with the lucidity characteristic of the former editions of this work. The illustration are few in number, but when given are decidedly pertinent.

THE PRACTICAL MEDICINE SERIES OF YEAR BOOKS, Comprising ten volumes on the year's progress in Medicine and Surgery. Issued monthly under the general editorial charge of Gustavus P. Head, M. D., Professor of Laryngology and Rhinology, Chicago Post-Graduate Medical School. Volume 6, General Medicine. Edited by Frank Billings, M. S., M. D.; Head of the Medical Department and Dean of the Faculty of Rush Medical College, Chicago, with the collaboration of S. C. Stanton, M. D., May, Price \$1.50. Price of the Series \$7.50. The Year Book Publishers, 40 Dearborn St., Chicago.

To the general practitioner, for whom this series of ten volumes is especially intended, the present volume is perhaps the most interesting in the series in that it takes up for discussion many of the most important diseases which they are liable to encounter. The presentation of the gist of recent literature on the subject of typhoid fever is especially full, occupying no less than 78 pages. Almost all the phases of the subject are discussed.

Of equal interest are the discussions of the progress in our knowledge of malaria, yellow fever, and acute dysentery. In the case of yellow fever the results of experiments in the transmission of the disease and the role of mosquitoes therein are presented. The question of masked and latent malaria and the relation of blackwater fever to malaria and to quinine will undoubtedly attract considerable attention.

The diseases of the abdominal organs are well abstracted, the most attention being given to the pancreas and the discases of the stomach and intestines.

PROGRESSIVE MEDICINE. A quarterly digest of advances, discoveries and improvements in .the Medical and Surgical Sciences. Edited by Hobart Amory Hare, M. D., Professor of Therapeutics and Materia Medica in the Jefferson Medical College of Philadelphia. Volume 1, March, Surgery of the head, neck and chest. Infectious diseases, including croupous pneumonia and influenza. Diseases of children. Path-Laryngology. ology. Rhinology. Otology. Octavo, handsomely bound in cloth, 428 pages, 16 illustrations. Per annum, in four cloth-bound volumes, \$10.00. Lea Brothers & Co., Philadelphia and New York.

As has been commented upon before, each succeeding number of this most attractive work seems to surpass the preceeding volume in interest. The possible explanation lies in the fact of the great and marked advances recently made in all branches of our professional knowledge. The main factor, however, is the judicial temperament shown by the editors of the various departments.

Dr. Charles H. Frazier devotes nearly 145 pages to the discussion of surgery of the head, neck and chest, portraying all the really important advances in this field during the previous year. On the subject of the cranial nerves there is a presentation of Schwab's criticism on the report of

pathological examinations of the nerve tissues.

The subject of infectious diseases, including acute rheumatism, croupous pneumonia and influenza, is discussed by Frederick A. Packard, M. D. course typhoid fever, on account of its prevalence, its complications and its tendency to lcave serious results, even in those cases apparently recovering completely, predominates. Bubonic plague has also produced its contributions which, on account of the existence of that affection in California, will be of interest to us. The role of mosquitoes in the production of yellow fever and malaria and the practical prophylactic measures which would clearly spring therefrom calls for attention.

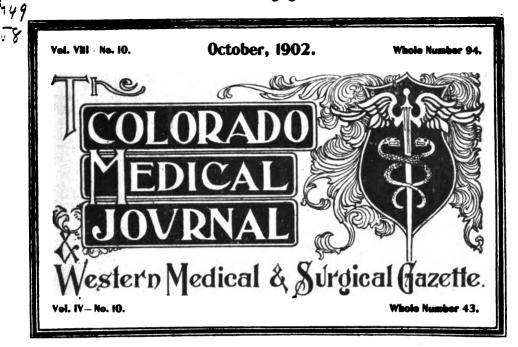
Dr. Floyd M. Crandall takes up the subject of diseases of children. Of course infant feeding and the diseases of the digestive tract have attracted the usual amount of attention and not without the production of some new knowledge.

Pathology and its advances fall to Dr. Ludvig Hektoen. The principal contributions have been connected with the various questions of blood pathology and their relations with immunity. General bacteriology, however, and pathological histology have not been overlooked and the subject of tumors, with the various questions connected therewith, receive considerable attention.

Laryngology and rhinology are presented by Dr. St. Clair Thomson, and otology by Dr. L. Randolph. The various interesting contributions of these special literatures are well presented.

be of Contents on Advertising Page 3.

by you read the Advertising Pages? If not you are missing something good.



THE COLORADO MEDICAL JOURNAL, 133 West Colfax Ave., Deaver, Colorado.

WM. N. BEGGS, A. B., M. D.,

Editor and Publisher Associate Editors

ALLISON DRAKE, Ph. D., M. D., and CLARENCE L. WHEATON, M. D.,

Entered at the Postoffice at Denver, Colorado, as second class matter.

ARSENAURO

HAS SHOWN ITS VALUE IN

THOUSANDS AND THOUSANDS

OF CASES OF

DIABETES MELLITUS.

WE CAN AFFORD TO STAND SOME LOSS IN TRADE

WE CANNOT AFFORD TOSTAND THE DAMAGE DONE BY SUBSTITUTION .

DISHONEST DRUGGISTS ARE FILLING YOUR PRESCRIPTIONS WITH WORTHLESS LIZUIDS. SPECIFY ARSENAURO - ORIGINAL ONE OZ BOTTLE, (WITH SEAL ON NECK) AND SEE THAT YOUR PATIFNE GETS IT.

CHAS. ROOME PARMELE CO., 45 JOHN ST., N. Y.

THE ANÆMIAS

yield readily to organic, or true animal iron treatment.

A resort to *inorganic* iron preparations or tonics, serves only to stimulate corpuscular proliferation without supplying sufficient nutrition to mature the blood cells.

A preparation of TRUE ANIMAL IRON that will supply every deficiency in the blood, and assure the proliferation of all the corpuscles to a full and sturdy maturity, is found in

BOVININE

It contains 10% ANIMAL IRON, 20% coagulable albumen, and every element of nutrition of the animal, mineral, and vegetable kingdoms.

It is readily absorbed by the tissues, requires little or no digestion, is prompt and reliable in stimulation and support, and is a nutrient of the very highest value.

BOVININE administration causes quick increase of the leucocytes, and a consequent arrest of all pathological processes.

BOVININE is advertised to the Profession only, and is a strictly ethical physician's preparation. Its formula is open to all.

A postal request brings you our Hand-book on Haematherapy, giving valuable information to both the general practitioner and the specialist.

THE BOVININE COMPANY, 75 W. HOUSTON ST., NEW YORK.

THE COLORADO MEDICAL JOURNAL

...QND...

WESTERN MEDICAL AND SURGICAL GAZETTE

A Scientific Medical Journal, Published in the Interest of the Profession of Colorado and Adjoining
States—A Journal of Science, of News and of Medical Lore.

Vol. VIII.

Denver, Colorado, October, 1902.

No. 10

ORIGINAL COMMUNICATIONS.

Ocular Manifestations of Syphilis.*

BY GEORGE F. LIBBY, M. D., COLORADO SPRINGS, COLO.

The object of this paper is to call the general practitioner's attention to eye affections preceding, associated with or following the constitutional infection The writer is especially of syphilis. led to do this because of the insidiousness which frequently marks the invasion of the ocular tissues, and the great damage that may be done before the involvement of the eye or its appendages is realized. Most attention has been paid to the anterior part of the eye and its adnexa, because they are more accessible, and permit of inspection and treatment without special appliances, such as only oculists have and use, as a rule.

Syphilitic manifestations in the eyelids are somewhat rare. However, primary ulcers and also secondary and tertiary lesions occur here. Both soft and hard chancres are found on the

skin of the lids. The latter has the characteristic indurated base, and is usually followed by the signs of the secondary stage of syphilis; while the former is an ulcer with ragged edges, and shows a tendency to spread. Quite often the lids and adjacent skin are the seat of secondary eruptions. Occasionally ulcers and gummata appear during the tertiary stage, often resembling meibomian cysts in appearance. Of the inflammation of the lids proper, syphilitic tarsitis is the most usual form. It is shown by a considerable thickening of the eyelids, sometimes with entropion or ectropion and loss of lashes, giving an altogether unpleasant appearance to the eyes. This affection usually occurs in the tertiary stage and is likely to become gummatous.

Hypertrophy of the lacrimal gland and stricture of the nasal duct may be

^{*}Read before the Colorado State Medical Society, Pueblo, Colo., June 24-26, 1902.

of syphilitic origin; and gumma has been observed in both sac and duct.

Syphilis may cause paralysis of one, several or all of the external or internal eye muscles. Paralysis of the external rectus is the most frequent and noticeable muscular affection due to this cause, and is associated with the tertiary period.

The conjunctiva may be affected by either chancre, papular or nodular syphilides, copper-colored spots, mucous patches or gummata. Chancre appears most often on the palpebral conjunctiva, near the lid margin. presents a small, circular red elevation, usually with a shallow ulcer at the top and a gray base. If it occurs at the retro-tarsal fold or on the ocular conjunctiva, the base of the chancre is indurated. Grouped papular syphilides are rare, and accompany the same affection of the evelids and face. Coppercolored spots are even more infrequent. and also are associated with the same discoloration on adjacent skin. Mucous patches are more common, and not unlike those of other mucous membranes. They are slightly raised, with a gray even surface, and often have a border of injected mucous membrane. Drops of dirty serous secretion, standing on these mucous patches, form a most dangerous product of syphilis. Gummata of the conjunctiva of the lid are extremely rare, and appear as small, discrete swellings the size of a pea. Gummy tumor of the episcleral and conjunctival tissue is sometimes seen. The growth is raised and soft. sometimes causes extensive destruction of tissue. The action of anti-syphilitic remedies upon it differentiates gumma from sarcoma. Nodular syphilides occur in the late stage of the disease, sometimes producing conjunctival ulcers which are followed by extensive sloughs.

In the conjunctival manifestations of syphilis the preauricular and cervical glands are more or less enlarged. Pain is not a noticeable feature. If the etiology is recognized and treatment promptly begun, the prognosis of all syphilitic affections of the conjunctiva is favorable, as the condition usually responds well to treatment.

In its secondary stage syphilis shows a marked selective action for the iris: while in its tertiary manifestations the same may be said of the ciliary body. Hereditary syphilis manifests itself in iritis, often associated with interstitial keratitis, and is generally seen only in early childhood and youth. Cyclitis may be associated with the iritis; but this is not usually the case. traumatism, inherited syphilis is almost always the cause of iritis in children. and the inflammation may travel backward, affecting retina, choroid and optic nerve. This form of iritis is very apt to recur. Acquired syphilis is the cause of fully one-half the cases of iritis seen in adults. Again, in over half these cases both eyes are affected. Nettleship says: "Symmetrical in twothirds of the cases, but asymmetry is common." The disease is not liable to recur if properly treated; still, improvement or apparent cure locally, before the constitutional eradication of the disease, is sometimes followed by distressing and serious relapses.

Syphilitic iritis in adults is often insidious in its onset. Hyperæmia, pericorneal injection, and even posterior synechiæ may develop, giving no special discomfort or alarm to patient. It is only when peri-orbital pain or dimness of vision supervenes that relief is sought. In other cases the congestion, photophobia, lacrimation and pain develop quickly and are most troublesome. Hypopion sometimes occurs, the character of the onset of the iritis bearing no relation to the complication.

Syphilitic iritis belongs to the secondary stage, and is almost always plastic, the adhesions between iris and capsule being tougher than in iritis from other causes. It is marked by red, reddish yellow, and reddish gray nodules, either at pupillary or ciliary margin, never in the zone of iris between. They may be lost sight of at the ciliary margin and yet exist. They sometimes break down or may be absorbed without suppurating under anti-syphilitic treatment; but, in either event, they are apt to cause atrophic spots in the iris. In their place there may only swelling of the posterior lary margin or broad svnechiæ yield to which do not atropine. The papules or nodules usually appear during the secondary or papular stage of syphilis, following the first eruptions on skin or mucous membrane, within first or second year after the disease is acquired. This association makes the question of diagnosis easy. Again, syphilitic iritis may present no characteristic marks. The diagnosis can then only be established through

well-marked secondary symptoms, or by the favorable action of anti-syphilitic remedies. The ability to take large doses of iodides and mercurials has always seemed to me very suggestive, at least, of syphilitic taint.

In the tertiary stage of syphilis, iritis is rather rare except as associated with cyclitis. It is, however, in this stage that the ciliary body is especially liable to attack. The distinctive symptoms of specific cyclitis as differentiated from specific iritis are exquisite tenderness over the ciliary region, generally more pronounced over a localized but everchanging area, and keratitis punctata. The latter symptoms with increased tension, is characteristic of serous cyclitis. Gumma is much less frequent in the ciliary body than in the iris; but when it does occur it is very serious. While absorption may be complete and speedy, at times a gumma may cause exudate into the vitreous and resulting shrinkage of that body and detachment of the retina; or it may burst through the cornea or sclera, causing great damage: or it may cause suppuration and loss of eve.

There is no disease of the lens which may properly be termed syphilitic, but both acquired and inherited syphilis, especially the latter, undoubtedly contribute to cataract either through inflammation of adjoining structures or impairment of general nutrition.

Vitreous opacities, from fine dust to large flakes, should always suggest syphilis as their cause. They may be movable or fixed, and are as readily seen and located by the patient as by the oculist. Syphilitic retinitis may exist by itself, but it is usually associated with choroiditis. It shows a tendency to circumscribed œdemas, particularly about the optic disk and macula. At the same time a diffuse exudation obscures all the details of the fundus, rendering the outlines of the disk and the course of the vessels indistinct, and causing the disk to be red and hazy at first, and later to assume the dirty white color of beginning atrophy of the optic nerve. When the choroid is involved it is shown by spots or areas of infiltration, which are later on marked by atrophic and pigmentary changes. Syphilitic retinitis may result from the congenital or acquired form of the disease. the acquired type it appears from six months to two years after infection. Alexander states that it is found in about 8 per cent of the cases. One eve only may be affected, but usually both are involved. Retinal hæmorrhages are rare.

The most common cause of choroiditis is hereditary or acquired syphilis. Small spots or larger areas about the macula or optic disk may be affected, or only the periphery of the choroid may show involvement. Wherever located, atrophy of choroid and overlying retina occurs, showing white sclerotic coat with border of pigment. General involvement of the choroid occurs only in cases of many years' standing.

Syphilis may attack the optic nerve

directly, or by pressure of a gumma on the nerve, chiasma or tracts. In the former case intra-ocular or retro-bulbar neuritis could occur, while in the latter choked disk of one or both eyes would be the probable result of the pressure. Optic atrophy is especially apt to follow syphilitic chorio-retinitis.

It has been well said in general therapeutics, "Treat the patient, not the disease." This applies in treating the victim of syphilis as well as other diseases. If the patient is well nourished and strong, my plan of treatment is mercury by inunction, followed by or combined with iodide of sodium. occasionally pilocarpine, hot baths, cod liver oil, good food, fresh air, abundant pure water and well regulated habits of life, with plenty of sleep. If, on the other hand, the general condition is one of debility, emaciation and anæmia, my first consideration is to build up by means of such tonics as iron, quinine, strychnine and the hypophosphites, in addition to the above dietetic and hygiene treatment; then to employ anti-syphilitic remedies cautiously and only to the point of tol-Unless the so-called specific treatment, is beneficial, its use should be stopped.

In brief, atropine and mild antiseptics are the most generally useful drugs locally, in the treatment of the ocular manifestations of syphilis.

Vaginal Hysterectomy Without Ligature or Clamp.

By HARLAN TRASK, M. D., Colorado Springs, Colo. Surgeon in Chief, Electro Thermatorium Hospital.

The uterus and the appendages may be removed without securing a single blood vessel. It is an anatomical fact that the trunks of the uterine and ovarian arteries are situated in the broad ligaments at some distance from the uterus, tubes and ovaries and only send small branches into these organs. The great advantage of this operative method is that we avoid any compression of nerves which, in many cases, causes neurosis, and at the same time we have a shorter convalescence.

Indications for Hysterectomy: First, fibroid tumors too complicated and extensive to permit of removal by less heroic measures; second, procidentia in women who are past the menopause; third, chronic pelvic cellulitis; fourth, in cases where the removal of the tubes and ovaries are demanded the uterus should also be removed; fifth, carcinomatous degeneration of any part of the uterus demands an immediate removal of the organ.

A vaginal hysterectomy should never be undertaken without sufficient cause. Yet it is by no means as serious an operation as was formerly supposed, either in its performance or final results. You will always find great relief, comfort and bodily health attendant upon removal of this organ if the functions have been destroyed by morbid processes.

The operation: Patient is placed in the lithotomy position with the knees well flexed, the perineum retracted. The cervix is seized with a Bernays uterine traction forceps and drawn down by firm traction. The mucous membrane covering the outer surface of the cervix is amputated with a pair of sharp pointed scissors close to the end of the cervix, this incision being made around the entire cervix. A dry dissector or the end of an Eastman hysterectomy knife is then employed to peel back the membrane from below upwards as far as the internal os. This dissection should progress evenly around the entire circumference of the cervix and thereby bring the entire field of operation easily within view. As you reach the internal os a dense fibrous membrane is here encountered which is to be severed at its uterine attachment all around the organ. By the aid of a pair of blunt pointed scissors the uterus may be freed laterally. As the ligamentous and areolar supports are severed the uterus gradually descends. In making this dissection the uterine artery is usually seen between the folds of the broad ligaments. The pulsation is so plain that it often serves as a landmark in the dissection; yet the only safe rule is to hug the uterine tissue. failure to do this, even to the extent of a thirty-second part of an inch, is often

followed by a profuse hemorrhage. I find it seldom necessary to use even an artery forcep unless I become careless and do not closely follow the above rule, then artery forceps and ligature both may be required before completing the dissection. There need, however, be no fear of an alarming hemorrhage as the field of operation is always well exposed and at the command of the operator. In removing the ovaries and tubes, if the dissection is carried close to the organs, it will be bloodless.

A running catgut suture, which should include the peritoneal and vaginal tissue, closes the vaginal vault and secures the stumps of the broad ligaments in either angle of the wound. Full width iodoform gauze with edges trimmed is used to pack the vaginal The urine should be drawn every six hours and the external genitals bathed each time with a 2 per cent lysol solution. The gauze should be removed the third or fourth day. The bowels should be moved the second day with a mild saline followed by enema. Allow no straining at stool. Liquid diet should be given the first three days followed by nourishing but easily digested food.

Relapsing Septicaemia.*

By W. G. LOCKARD, M. D., NEW CASTLE, COLO.

The adjective relapsing has not been applied, so far as I have been able to discover, to septicæmia. I have gone over the literature of the subject of septicæmia somewhat extensively though hurriedly and have failed to find any record of cases or a case like the one I wish to report here at some length.

I think you will agree that the term "Relapsing Septicæmia" will exactly fit this case; and, deeming it of sufficient importance to the medical profession to merit a short space of your valuable time, I give it to you. I shall not go into the history, the symptoms nor the treatment of septicæmia. They are known to us all.

Patient: Mrs. R.—About noon on November 5, 1901, the patient went into labor and at 4 o'clock a. m., November 6, was delivered of an eightmonth living male child, being the V-para. The four preceding children are bright, healthy girls. A physician had been engaged but was anticipated by a midwife (a so-called Christian Scientist) who, not being content to practice her "cult" and leave the work to nature, must make several digital examinations presumably to note progress, but evidently with very dirty fingers.

Some time during the forenoon of November 12 the patient began having fever but, being assured by the midwife—who also acted in the capacity of

^{*}Read before the Colorado State Medical Society, Pueblo, Colo., June 24-26, 1902.

nurse—that everything was all right, a physician was not called till 3 o'clock of the afternoon of the next day. The patient then had a temperature of 103.5°, pulse 132 and running, respiration 30, a foul odor and every indication of sepsis.

I immediately made preparation and curetted the uterus. The interior of the uterus measured a little more than eight inches and was filled with a putrid decaying mass of broken-down tissue. The uterus was very soft and flabby and the cervix almost gangrenous in appearance, a typical picture of septicæmia.

Having made the mother comfortable, I turned my attention to the babe and found a severe case of purulent ophthalmia. Further investigation revealed the fact that both corneæ were destroyed and the child totally blind. The child died on November 15, of inanition.

Following the curetting of the uterus the temperature began to drop and, with the usual treatment of keeping the uterus and parts thoroughly clean and with good nourishing food, the temperature dropped to normal on November 18, five days after treatment began, and remained normal until the afternoon of the next day. From the 18th to the 27th of November the patient, to all appearances, was convalescent; she was eating well, sleeping soundly and gaining strength rapidly. She was eating her meals with her family. On Thanksgiving day. November 28, she ate a very hearty Thanksgiving dinner with her family and friends. About two hours after eating her Thanksgiving

dinner her temperature began to rise and by 4 o'clock had reached 103.5°. Her husband reported to me and I at once visited her, made an examination and found the uterus and surrounding parts absolutely normal. She complained of some distress in the stomach and I thought she had overtaxed her digestive system with her Thanksgiv-She was given an antiing dinner. pyretic to reduce the temperature and a digestant to help the stomach get rid of its burden. I left assuring the patient that by morning she would be all right. The next morning the husband reported that during the night the temperature had gone up to 104.5° and that the patient had had a very bad night of it with the temperature still high. I immediately visited the patient and found her with a temperature of 103°. a very rapid running pulse, cheeks purple, tongue coated, a violent headache and all the accompanying symptoms of a high fever. She was again placed on a table and a thorough examination made of the uterus. thing was normal and, though repeated examinations were made of the uterus. it remained normal to the termination of the disease. At no time after the dismissal of the case on November 18 was there any indication of a return of sepsis in the uterus or its appendages.

Despite the frequent use of antipyretics in full doses and frequent cold sponging the temperature ranged from 101° to 104° with a pulse rate in proportion, together with frequent vomiting and distress in the stomach, but without headache after the first day or

two until about midnight of December 5, when the patient began to perspire freely, about two hours after taking xv grains of thermol.

For several days after the relapse repeated examination failed to reveal any diseased condition of any part of the body except some tenderness over the stomach, but which was undoubtedly due to the persistent vomiting. After about a week with no apparent results from the treatment I called Dr. Barnes to see the case with me and, after examining the patient carefully, he agreed with me that we had to deal with a case of general or systemic septicæmia. Soon after the consultation with Dr. Barnes the patient began complaining of her right side hurting her when lying Examination revealed what appeared to be a beginning pleurisy of the right side; in a day or two the right side as high as the third rib became dull, distended, with absence of the respiratory murmur and much less painful. I directed the side to be thoroughly painted with iodine and ordered later on a poultice of ichthyol, hoping to set up an absorption and aid in destroying the septic germs. The side continued to enlarge with all the symptoms of a chronic pleuritis having become an empyemia; the patient had now begun to have irregular chills. Consulting with Dr. Barnes, we decided to aspirate the affected side. Aspiration proved negative. Having previously noted an enlargement of the spleen Dr. Barnes and I made a thorough examination of the aspirated side and discovered a very much hypertrophied liver, extending from the third rib down to the umbilicus. About the same time I discovered an enlargement of the right inguinal glands, one of them afterward becoming quite large and painful for a time. Under treatment the enlarged liver, spleen and lymphatic glands gradually returned to the normal.

Diarhoea, one of the usual symptoms of septicæmia, though never very bad, ceased entirely upon the cessation of the vomiting and, although the vomiting again appeared, the bowels continued to act naturally, except for an occasional tendency to constipation, the food thoroughly digesting until about three days before the termination of the case, when they became tympanitic and paretic.

Irregular chills with rise of temperature and septic symptoms generally continued until the morning of December 9. The temperature was easily controlled by gr. x of thermol every three to six hours. Nothing else, however, seemed to have any effect. Having about exhausted our resources without results other than that obtained by thermol, Dr. Barnes and I concluded to try antistreptococcic serum as a last Accordingly x c. c. Parke, resort. Davis & Co. antistreptococcic serum were injected beneath the skin over the stomach, at 12 o'clock noon. At 5 p. m. I was hastily summoned and found the patient having a violation chill with a pulse of 190, respiration 17, and a temperature of 106°, the patient thorough-The outlook was very ly conscious. bad, indeed. Strychnia, nitroglycerin and digitalin with brandy were administered per hypodermic. At 6 o'clock pulse dropped to 180 but by 7 o'clock

was up to 210 and very distinct. enema consisting of ounces ij of glycerine and drams i of turpentine were now given and though retained a few minutes had the desired stimulating effect and the patient began to rally. The next day the patient had another chill and continued to have one or two every day till December 17. On December II at 4 p. m. the temperature rose to 107.1°, on the 14th at 6 p. m. it rose to 107.6°, and again on the 15th at 4 p. m. it rose to 106.0°, the respiration frequently went as low as 14 and the pulse as rapid as 160 or more when the temperature was highest.

The temperature rising so high and the patient's condition so alarming within a few hours of administering the antistreptococcic serum the serum was thought to be the cause. But the next day the temperature with the chills and other symptoms appearing as bad as before, the serum was not held to be responsible.

On December 8 the patient began to cough and two days afterwards a pneumonia developed in the upper lobe of the left lung, purulent in character.

After satisfying all concerned that the antistreptococic serum did no harm but rather did good, I continued to give 10 c. c. at least once a day until I had given 170 c. c. hypodermically. The patient would get better, then chill and be worse, until December 17 when she had every appearance of convalescing. The chills ceased, the patient was taking nourishment with a relish, bowels regular and normal. This condition continued for about three days, when a slight tympanites appeared in the in-

testines and gradually grew worse till midnight December 21, when the patient's pulse went to pieces and about 11 a. m., December 22, the patient died.

Notwithstanding the unusually high temperature at times, with two exceptions the patient remained thoroughly conscious.

An examination of the sputum by Dr. Mitchell on December 19 showed streptococci, pneumococci and pus in great abundance. A microscopic examination of the blood on December 20 showed the streptococci.

Lest my paper become too long I will bring it to a close, although in trying to be brief I give you the barest essentials of this interesting and unusual case, fearing that I have omitted many important points.

A brief summary of the case gives the following: The case is positively relapsing septicæmia, recurring after a convalescent period of nine days. The original seat of infection remained unaffected throughout the relapse.

The involvement of all the glandular structures showed the relapse to be general with subsequent local foci of infection.

The periodicity of the chills with the accompanying rise of temperature would lead one to believe that malaria was a factor, but no malarial organisms being found and quinine having no effect and malaria being unknown on the Western Slope of Colorado, it can positively be excluded.

The powerlessness of the usual antipyretics to reduce the temperature.

The ease with which thermol reduced the temperature when at its

highest with little or no reactionary results, gr. x to xv invariably reducing the temperature to normal or nearly so, producing free perspiration and sound natural sleep.

The undoubted value of antistreptococcic serum in combatting the disease and holding it in abeyance. From my observation of the action of antistreptococcic serum in this case I am convinced that had it been used sooner and in larger quantity at the beginning the results would have been different.

The consciousness of the patient throughout the disease with so unusually high a temperature was remarkable.

Neurasthenia.*

BY EDWARD C. BRANCH, M. D., FARGO, NORTH DAKOTA. Late Assistant Superintendent North Dakota Hospital for Insane.

It is not my purpose at this time to bring anything particularly new to your notice regarding my subject, but I will simply try to refresh your minds with a few facts as I have found them, under this head.

In the Northwest there are many neurasthenics, and in our own state many cases are met. Neurasthenia is nervous debility, an exhausted condition with functional derangement of the nervous system entire, caused usually by overwork or other equally fatiguing expenditure of nervous energy. Nerve weakness is not a new disease. It dates back and is spoken of in the fifteenth century, but only in the middle portion of the present century was direct attention called to the many forms of the malady.

ETIOLOGY.

There are predisposing and exciting First among the former is heredity, irritable parents, sufferers from severe headaches; oftimes history of epilepsy and an organic nerve disease, alcoholic or aged parents, and closely connected with these cases are the tubercular or syphilitic parents.

Education is another predisposing Spoiled children, lax bringing up or, on the other hand, children who are deprived or who care not for pleasure or recreations, are often subjects of neurasthenia.

Occupation is a good predisposing This might, in a way, come under the head of education, but it is possibly a cause in itself.

Often times the unmarried state is a cause for neurasthenia. Again, statistics show that more men are neurasthenics than women. Among the exciting causes, the chief one is over-Another important one is work. trauma. Accidents accompanied with

^{*}Read before the North Dakota State Medical Society, May 21-22, 1902.

fright are producers of neurasthenia. Excesses and dissipations in all their

forms are good causes. At the present time neurasthenia is, however, generally regarded as a primary affection of the nervous system.

SYMPTOMS.

There are no striking physical peculiarities in this disorder. There is no palsy or difference in gait, as a rule. In the depressed, the gait will vary or there may be a peculiar expression, but if there is no depression we find nothing of that kind existing.

Generally there are exaggerated tendon reactions; however, of less extent and more easily exhausted than in a disease of the cord.

Backache, headache and aching in one or more of the limbs frequently compose a group of sensory symptoms. These aches usually resemble rheumatism in many cases. The disturbances in the digestive tract can be well noted and will be brought out more fully in the treatment. These patients are generally dyspeptic, and are almost always constipated. The secretory disturbances, together with the sexual signs, are all to be looked carefully into and The urine is diminished noted well. and there is an excess of uric acid and of urates. The perspiration is diminished as a rule. The saliva remains the same. Many other symptoms could be mentioned, but I care more to deal at length with treatment at this time. So many perplexing complications and symptoms are present in neurasthenia that it is sometimes said we have a variety of diseases, instead of only one. In summing up the symptoms, I can

briefly say that the manifestations are legion, and every nerve bankrupt affords a new train of symptoms to the observer. However, among the number a few characteristic symptoms may be picked out. The most common ones I have mentioned.

PATHOLOGY.

Briefly stated, it is a malnutrition of the entire cerebro-spinal axis, characterized by symptoms of great weakness of functions of the entire nervous system. One writer expresses himself as regards pathology in brief, that "a neurasthenic is a bankrupt in nervous force, either from fault of nutritional manufacture, or from defective storage in cerebro-spinal centers."

The pathology, however, is not exactly clear to many who have made it a specialty, so until some definite idea is obtained it is generally considered not an entity, but as a symptom-complex.

DIAGNOSIS.

The trouble is generally readily recognized in milder forms as the same symptoms are so frequently seen together.

Hysteria is so frequently associated with neurasthenia, that it often becomes problematical whether we have a case of neurasthenia or pure hysteria, or neurasthenia with hysterical complications. This latter is generally present in the majority of cases, however, at some stage of the trouble, if not complicating it all the way through. The two troubles, however, I wish you to understand, are not hard to differentiate. In hysteria, we have various varieties of paralysis, while in simple neurasthenia

there are none. The sudden onset, conanesthesia, contraction of vulsions. muscles, all occurring in hysteria, do not present themselves in neurasthenia. Neurasthenia must be differentiated from melancholia and this is not difficult, as a rule. The delusions are not present in neurasthenia. Sometimes a neurasthenic patient will give a history of having had a melancholic period some months or years previous, either of a pronounced or mild type. erally, in that class of cases the patient will have a history clearly of a neuropathic constitution.

In neurasthenia, the change in the mental faculties is one of quantity not of quality. In this disease, also, the patient is able to appreciate and correctly reason, but soon becomes fatigued, while in the paretic, the mental faculties are blunted, as it were. the latter we have great tremor of speech and writing, and inequality of the pupils, but in a neurasthenic it is generally without tremor. They are usually conscious of errors, if any are made, while in the paretic no such appreciation exists. In well developed cases of neurasthenia, diagnosis is not difficult, but in one in the earliest stages there is generally considerable difficulty, and in such cases the mistaken diagnosis occurs.

PROGNOSIS.

As to recovery from existing attack is good, but in confirmed cases of the class there is generally, if not always, a recurrence. In the climacteric variety, there may be a prompt and permanent recovery. Length of life is

never impaired by this trouble and prognosis as to living through repeated attacks is good.

It is essentially chronic in its course. It is best to be guarded in an opinion regarding each individual case, especially to the patient himself.

These facts are before us in the prognosis. First, a history of previous attacks. Second, a history of hysteria or epilepsy or any form of insanity. Third, age. Fourth, time existing. As to age, generally cases develop in adult life after puberty and rarely after fortyfive years of age. In early life, prognosis is unfavorable as to permanent recovery, in middle life more favorable to one attack only.

The outlook is generally better if the attack has followed overwork, shock and some menopause cases in stable people where the hereditary history is good.

TREATMENT.

When we remember the causes of neurasthenia and the pathology, the treatment should at once become very simple as to procedure, but not always as to results in the expected time. The rest of the patient, should it be a case due to overwork, is perhaps the most important, although that feature should possibly not be practiced too freely. Some light systematic method of attention of the mind should be followed The "partial rest" treatment followed by Dr. S. Weir Mitchell is perhaps more practicable in these cases with better results. Prolonged hours of rest in bed with shorter business hours and "early to bed" plan is frequently of great noticeable benefit. Of

course, all this regularly followed out with massage, electricity and suitable nervous tonics, of which I shall speak later. Diet is an important part of This class of patients the treatment. is generally dyspeptic and one's attention should immediately be directed to this abnormality. Milk is of great value, and a diet exclusively of milk, followed with care and regularity, is productive wonderful ofphysical changes. It should be given in small quantities at first; say ten ounces every two hours, and after three or four days a little stale bread once a day with butter added shortly and increased to three times daily. From this routine practice a more substantial list of proper foods can be followed out till the patient eats well; three good meals a day. The supper ought to be very light and coffee, tea, chocolate and the like should be omitted altogether from the diet. A neurasthenic patient will do better and get well faster every way by isolation, taken completely out of the hands of friends and relatives. is hard to do except in patients whose attack is so severe that they should be in bed; then this is imperative.

Absolute rest, attention to diet, a little exercise and isolation, these are the cardinal points in the treatment of neurasthenics.

In the majority of cases drugs are of no value unless the important features already mentioned in the treatment are faithfully and persistently carried out. Calomel and soda bicarbonate, in appropriate doses till the desired effect is obtained, is the first drug treatment presented. Special symptoms

demand special drugs in this as in other diseases. The headache is relieved generally by phenacetin, antipyrin, or bromide of ammonia in small doses. The insomnia is generally controlled possibly by the milk; patients, as a rule, who are on a milk diet being accustomed to sleep considerable. If not satisfactory on milk try sulphonal, trional or the bromides. They will usually suffice. The stronger hypnotics should never be used. Generally all cases will respond to the drugs mentioned.

Strychnine should be given in cases of weak heart, both for the effect on heart and the general tonic effect. Iron, arsenic, quinine and such remedies all are of wonderful good. I have used the Elix. Phos. Quin. et Strych. combined with Elix. Lactopep. with wonderfully good results along with the rest, massage, etc. In the extreme nervousness that is sometimes present it may be necessary to prescribe the bromide of potassium and sodium in combination, 10 to 20 gr. of each three times a day, well diluted with water.

In the sexual variety, the hyocin-hydrobromate in I-80 gr. doses, should be given in combination with other remedies mentioned and, of course, a correction of the sexual life or habits. Abstinence, if possible, is to be followed out in this variety. Routine baths to the head, spine and in fact all over body, are of considerable value. If the cases are put on the treatment as I have mentioned after a diagnosis has been made, results will be noticeable in time. Increase of body weight may be in some cases the only way that any improvement can be noticed. There are many

other minute details not set forth in this paper, which possibly should have been, but I have endeavored in a general way to follow out the subject. It is inexhaustible as are all the subjects under the head of mental and nervous diseases, more so than in any other line of special work. The treatment could be summed up on four points, viz.: Hygienic, dietary, moral and medicinal.

The Great Need of the General Practitioner.*

By L. A. ROBINSON, M. D., GLENWOOD SPRINGS, COLO.

A careful and methodical examination of the patient is the first great need I shall consider, for I believe it the most important of the many great needs of the general practitioner.

I believe I am safe in saying that very few general practitioners observe a definite method in making their examinations. I do not outline any definite method to be followed. It is not necessary for you to followmy method, but it is necessary for your own success, and your patient's welfare that you choose some definite method, and rigidly adhere to it. In selecting a method be sure it is sufficiently comprehensive, for an incomplete examination is inexcusable. How often do we find that very capable practitoners have made ridiculous mistakes in diagnosis; not because they were lacking in diagnostic ability, but because they had jumped to conclusions, after making a careless and incomplete examination.

Most of the mistakes of the general practitioner are absolutely inexcusable, because they occur in the easily recognizable cases and are due to haphazard method of examination.

At times we will make mistakes in diagnosis after having made a careful and methodical examination, but this will not often occur. We all know that patients' statements are very unreliable in ascertaining the cause and nature of their disease; some make misleading statements with no intention of deceiving, while some lie deliberately, and by making a careful and methodical examination, we will frequently find the cause of the disease, also some pathological condition of which the patient was not aware, or was trying to conceal.

Unless we make a careful and methodical examination, regardless of the symptomatology we will often fail to recognize those diseases which have no characteristic symptoms and those with atypical symptoms.

In some diseases it is not of vital importance whether we recognize the true nature of the disease to-day, or several days later, but in some diseases a day or two actually decides the question of life or death. In acute ab-

^{*}Read before the Colorado State Medical Society, Pueblo, Colo., June 24-26, 1902.

dominal lesions especially do I urge that the greatest care should be used to enable us, if possible, to arrive at a positive diagnosis at once, for the majority of these cases require operative interference, and it is not much to our credit to make a great fuss, and send for a surgeon when the patient becomes moribund.

This brings us to another great need, that of decision. As Napoleon lost his greatest battle because of indecision, so will we lose many lives if we have not the power of deciding promptly what is the best for the patient; we read so much of conservatism, a great many times we mean procrastination instead. A doctor can claim he is conservative only after he has reached his conclusions, after the most thorough investigation and logical reasoning. we wait, not because we have any well grounded reason for so doing, but because we think to-morrow will be soon enough to decide. We are never justified in trusting our patient's life, or our reputations to luck as is so often done.

Unless we have made a thorough examination, we have not the framework with which we can build up a scientific diagnosis; we cannot arrive at a diagnosis by exclusion, but to a certain extent are forced to jump at conclusions, and even if we have made correct diagnosis, yet we cannot give an intelligent prognosis for one organ is often dependent on some other organ. For example, would you risk giving a prognosis to a patient suffering with chronic nephritis, depending alone upon the examination of the urine, without knowing the condition of the heart and

arteries? A correct prognosis raises the physician in the estimation of the patient; a wrong prognosis often makes him appear ridiculous, or causes very bitter feelings to arise; imagine the feelings of the patient's parents or friends, whom we had assured that there was no cause for alarm, then to have the patient die suddenly. No explanations then are satisfactory. They think we did not know what we were talking about, and the truth is we didn't, and all because of hasty conclusions based upon a superficial examination

Another great need is for greater care and skill in urinalysis, because I believe many times false conclusions are reached, especially in testing for albumen in cloudy urine, because if present in a small amount and the common tests such as heat and nitric acid are used the albumen will not be recognized. Such urine should always be filtered and the tri-chloracetic acid test used, for it is an exceedingly delicate test and easily used.

This brings us to another great need and that is the microscope. urinalysis it is necessity; a the mere presence of albumen in urine is of little diagnostic value, the microscope is necessary to determine its origin. Time will not permit me to dwell upon the value of a thorough chemical and microscopical examination of the urine. I believe that many general practitioners test urine in a very careless way and are frequently making mistakes in diagnosis and prognosis because of their carelessness in this work. Every practitioner should be able to examine sputum microscopically for tubercle bacilli, and membranous exudate from the throat for diphtheria bacilli. At times we are called upon to decide whether a urethral or vaginal discharge is specific or non-specific. The microscope enables us to make a positive diagnosis, otherwise we would have to guess. This microscopical work is quickly and easily done and is far more satisfactory in the majority of cases than sending away specimens.

If it is so essential to the success of the doctor and the welfare of the patient that we make a careful, complete and methodical examination, then why is it not done by all? I once heard a distinguished Chicago surgeon that the reason why so many mistakes were made in diagnosis was because the doctors were too lazy to make complete, painstaking examinations. other reason is that some doctors are not thoroughly in love with their work. It has been said that the most essential thing for success in any line of work is to fall in love with your work, and to no line of workers does this apply so emphatically as to the doctor, for if he does not possess this great love for his work, he will not have the patience or inclination to thoroughly examine his patients.

He who does not form the habit of doing as well as he can on every occasion, will soon form the habit of not doing well on any occasion.

The last great need I shall consider

is the habit of giving deep concentrated study to each case. The late Christian Fenger, when asked what rule he adopted regarding early operations for appendicitis, said: "I first make a thorough examination and then I think, think, think, and then think a little more," and from my knowledge of this great man I believe he observed this rule in all his work and that is why he was so eminently successful.

If we would all cultivate this habit how much greater our success would be.

I know that there are very few general practitioners who give each case the thorough individual study they should, and as this is largely a habit, I believe we should force ourselves to do this, until we fully acquire the habit. I believe we get out of the practice of medicine and surgery just what we put into it; if we think little of our patients, they will think little of us, probably so little that their next illness they will call some other doctor.

I believe we will all agree upon this one point, that as a rule the patients who receive the most study receive the best treatment.

Many are the pitfalls in the path of the general practitioner, but he who cultivates assidiously the habit of making careful, complete and methodical examinations, followed by concentrated and unprejudiced reasoning, will escape many of the unpleasant experiences which are constantly befalling those who pursue hap-hazard methods.

It is announced by Sister Ursula, Sister Superior of St. Vincent's Sanitarium in Santa Fe, New Mexico, that

the sisters will build a new hospital there to cost about \$50,000 by next year.



Nervous and Mental Phenomena of Arterio-Capillary Fibrosis and Atheroma.*

By J. E. COURTNEY, M. D., DENVER, COLO.

It certainly appears that in recent years the changes in the capillaries and arteries, beginning in irritation and leading to severe sclerosis, ending in atheroma, if the subjects survive long enough, are seen much more frequently and earlier in life than formerly. does not seem possible that the much more frequent finding of the condition and larger literature of the subject is due wholly to our superior observation of these states. It must actually be that men are wearing out their vessels sooner by lives of hypertension. largely explained by the rush and tension, physical and psychical, of modern life and the added tax and irritation thereby imposed on the vascular system, especially the vessels of the heart, the kidneys and the brain.

The injury is partly mechanical, prolonged overstrain, and partly metabolic and toxic, and affects particularly the endothelial lining and elastic coats of the vessels. The distribution of nutrient material and elimination of effete is not normally accomplished. The sequence of events is overdistension, impaired elasticity, obtunding of the vasomotor center in the arterial coats, paresis, stasis, congestion, perhaps a subacute inflammatory state, hyperplasia and finally deposits of fat and then lime replace the inner or middle

coats or both. The three chief poisons which act as causative agents are those of alcohol, rheumatism and syphilis, the latter having a predilection for the arch of the aorta, the circle of Willis and the meningeals and cerebrals. The condition may be general or quite limited to any one of these localities.

The gouty ruddy and the pallid nervous, other things being equal, seem most liable to the trouble. The disease is often a primary condition, a clinical entity, presenting a definite and diagnosable picture. While text books treat separately fibrosis and atheroma, it seems that the latter is but the terminal stage of the other, that the same causes operate to produce these stages of one pathological process. Degeneration and deposits take place where strain is greatest, more decidedly in tortuosities, at the bifurcation of vessels, at the sphyncter-like entrance to vessels, offering here a nisus for the formation of thrombi or becoming detached as emboli.

I beg to exhibit specimens from autopsies on persons who suffered from nervous and mental disorders; while illustrating extreme degrees of atheroma and contributing largely to cause death in the subjects from which taken, they are suggestive of the grave injuries to organs which must have been

^{*}Read before the Colorado State Medical Society, Pueblo, Colo., June 24-26, 1902.

going on for years before death. It is impossible to say whether this state was initiated by an acute arteritis not recognized or lost sight of as time went on, or whether it was a sub-chronic and slowly progressing state; certainly it was the leading pathological state and explained the nervous and mental phenomena present, as well as the cause of death in these cases.

It is a long time and a long way from the alteration of the lumen of a vessel which disorders the most sensitive and vulnerable cerebro-spinal centers to the obstruction which causes gangrene, and for years before, altered elasticity or slightly altered lumen may have seriously affected those numerous subtle osmotic processes, which we call collectively metabolism.

I am convinced from the findings of many autopsies that chronic Bright's, melancholy, hypochondria, premature physical and psychical decay are most frequently the direct result of changes in the nephritic and cerebral nutrition caused by this degeneration, even in its early stages of impaired elasticity. The condition when established is likely to cause such nervous symptoms as vertigo, insomnia, neurasthenia, irritability, some degree of amnesia or dementia, sudden, short, partial or complete losses of consciousness, slight aphasia, arythmia and dylexia or hemiluposia, and intermittence of the pulse, pseudo or true apoplexy, angina-pectoris and sudden death from plugging of a coronary or bursting of a cerebral artery. In the presenile, in melancholia with hypochondria after 35, it is rare to do an autopsy and not find atheromatous change in some degree, particularly at the base of the brain. Many of the nervous disorders we have called functional, trophic and vaso-motor may come in time to be regarded as due to this condition and reverse our views as to cause and effect, stamping the disease as organic. It is to be borne in mind that central atheroma of the larger vessels may be the cause of vaso-motor spasms of smaller peripheral ones.

Opinion is shifting from the view that sclerosed kidneys cause atheroma to the view that fibrosed artery oftener causes the sclerosed kidney. The effect on the brain of renal inadequacy is attracting just attention as a cause of hysterical attacks, mania and melancholia. Arterial degeneration, renal cirrhosis, mental failure and the postmortem findings of opaque or adherent dura are frequent associations, and more and more is it noted how often bulbar and other basal cerebral troubles depend on atheroma.

There is a recognizable symptom complex, indicative of atheroma of the basilar and other cerebral vessels and prodromal of apoplexy; cerebral shocks from change in the lumen of a vessel, the formation of a chalky nodule or a minute dilation at a weak spot, slight hemiplegic attacks with short or no loss of consciousness, a unilateral numbness or weakness, vertigo, etc.

To cite an illustrative case: The middle of April last Mrs. F. W. B. presented herself at the clinic for nervous diseases, University of Denver, and gave the following history: "I am 55, widow, retired nurse, passed change

of life six years ago, my father and mother lived to good age. The only disease I have suffered from was rheumatism. For the last two years I seem to have failed in strength; two months ago I had numbness in my left thumb and first finger: a few days later I awoke one morning weak; felt like falling to the left; there was a tingling in my tongue and face on the left. For three days I could not talk well; for a while my son had to assist me at things. I had a little swelling at my feet; the left worse, and it felt prickly and cold to touch. I am nervous; any little thing will make me cry. I have a weak feeling about the heart and dizziness when I stoop. My sleep and apetite are rather poor; when alone I feel uneasy and depressed." Examinations of the urine were negative; some accentuation of the aortic second sound, no œdema, no arcus senilis, but radials and temporals a trifle hard; her symptoms were attributed to atheroma of cerebral vessels. with liability to a cerebral hemorrhage; she attends the clinic occasionally and is on diet of milk, cereals and vegetables; she has taken small doses of iodide of sodium and nitroglycerine.

How often are we told after a fatal or disabling cerebral hemorrhage, that there had been for long, dizziness when stooping, slight amnesia, flushing of face, etc., which failed to impress patient or family.

Many cases of dementia and of epilepsy in persons in advanced life depend on circumscribed softenings or cicatrices after thrombic or embolic injuries, slight enough to escape notice or long enough ago to have been lost sight of as a possible cause. The condition described by Erb and Charcot and called intermittent claudication or angina cruris, consisting of cramps, rheumatoid pains, tingling and weakness of the leg and limping following slight exertion, and relieved by rest, elevation and gentle friction, is now admitted to be not spinal, but failure of adequate blood supply from atheroma of the abdominal aorta or the iliacs. In the latter case the symptoms may be unilateral.

The related conditions of Mitchell's red-neuralgia, Erythromelalgia, Raynaud's superficial gangrene and the attacks of sudden failure of the muscles of the legs and back called astasiaabasia, are often dependent upon similar causes. The early diagnosis of atheroma is important; not only does it make clear obscure nervous symptoms, but anticipates by prognosis or delays by management and treatment the disabling or fatal hemorrhage. Important medico-legal questions may arise as to the responsibility for moral and intellectual lapses, testamentary capacity, etc., of persons in whom this condition of the cerebral vessels existed.

Apart from the nervous and mental symptoms enumerated, high tension which can be felt by the finger or shown by the sphygmograph and a lowering of the point of the greatest intensity of the aortic second sound posteriorly, from the curve of the spine of the scapula to a line from the lower angle of the scapula to the second dorsal vertebra, are the admitted points in diagnosis.

Eruptive Fevers.*

By T. J. FORHAN, M. D., TRINID AD, COLO.

The subject of my paper, which is written with special reference to smallpox and its differentiation, was suggested by the frequency and self-confidence with which the laity object to diagnoses made by physicians in eruptive fevers, the persistency with which they adhere to their opinions being at times most irritating. Their objection is, however, to some extent excusable, for not infrequently in the public press and in medical journals differences of opinion are noted even amongst physicians. The great body of people outside the pale of our profession assume more or less knowledge of the maladies which affect humanity, causing much annoyance and placing on the defensive those whose opinions should rarely be Those self-opinionated questioned. people make further mischief by throwing obstacles in the way of compliance with laws enacted for the prevention and spread of these maladies. condition exists not amongst the ignorant and illiterate alone but ofttimes amongst those whose intelligence is undoubted. Local prejudices and customs also become factors rendering inoperative the efforts of physicians. As an example of this may be stated that among the Mexican people of Southern Colorado, while no advice is given by church or clerk to "take" small-pox, the opinion prevails that the scourge

comes from on high and that the infection will afford them a better chance of salvation. These old-time prejudices are, however, fast disappearing, since many Mexicans with their children now seek vaccination and make no objection when house to house calls are made for this purpose.

To prevent so far as possible the temptation to designate by a milder name one of the most severe exanthems, it would be well to exclude from our nomenclature "Cuban itch," "Porto Rican itch," "Philippine measles" and, that most dangerous of all, varioloid, which may become the focus of an epidemic as fatal in its results as malignant variola.

The predisposing causes of the acute eruptive exanthemata, variola, rubeola, rubella varicella and scarlatina are not well understood and their origin is equally uncertain. All are more or less contagious and infectious and, excepting variola, peculiar to childhood. If means of isolation are not taken they are all prone to prevail epidemically, in which event suspicion is aroused as to the character of the malady. Atypical or unusual forms appearing sporadically become most uncertain of recognition and therefore a greater menace to the health of a community.

In differentiating eruptive fevers, while observance of constitutional

^{*}Read before the Colorado State Medical Society, Pueblo, Colo., June 24-26, 1902.

symptoms in the initial stages afford much information and becomes valuable guides, it is after all the eruption which requires the closest scrutiny since it is the most constant and conspicuous feature as it is the most unvarying in character. The more proficient one becomes in differentiation of the rash the less he relies on constitutional symptoms. All complaints of an eruptive nature should be looked on as suspicious of small-pox and its presence excluded beyond any question of doubt before further determination be This course will spare the attendant much embarrassment and sometimes prevent serious consequences.

Severe persistent headache and backache with fever disappearing with presence of a rash, macular at first and passing through successive stages as papules, vesicles and pustules affecting primarily face and hands, extending downwards and involving palms of hands and soles of feet is variola. The period of incubation is fourteen days, of invasion three days. Eruption appears first on forehead and almost at same time on hands. It settles like a cloud with the hands raised level with the head, in measles with the hands by the sides. The back is perhaps the best location to make a close examination of the rash, as it is not obscured by scratching. When the eruption first appears it consists of small, intensely red macules, varying from one-eighth to one-fourth of an inch in diameter, readdisappearing on pressure. twenty-four hours these are followed by papules of a peculiarly hard, shot-like feel. Later the papules become vesicles with thick walls which assume a milky appearance in twenty-four hours and finally develop into pustules. vesicles are not readily evacuated and are multicellular. The peculiar and pathognomonic feature of the rash is its appearance on palms of hands and soles of feet. It is also most marked on exposed surfaces. Fever disappears with onset of the rash and this is of much importance as it occurs in no other of the exanthemata, but on the contrary, as in measles, the fever increases with appearance of the rash. In the colored race the papule assumes a whitish hue due to tension of its cell walls.

As the vesicle enlarges a central depression or umbilication appears which is characteristic of small-pox, but this is sometimes observed in chicken-pox, as the result of irritation. In the latter, however, the lesion is unicellular and easily evacuated. Umbilication disappears with full development of the pustule on the eighth day, the twelfth of the disease, after which subsidence is observed, the rash forming crusts, dessication following with recovery in about twenty days. Dating from this period, in two weeks the patient can be released.

Small-pox in the early stages of an atypical case bears much similarity to varicella with which it is most usually confounded. Varicella is exceedingly rare in adults, in fact its existence is doubted, and rarely appears in children over ten years. The stage of incubation is about fourteen days. In the prodromal stage there is usually no evidence of infection and no derangement of the

usual health is observed before the rash appears, which offers a striking contrast to that presented by even the mildest case of variola. It appears first on back, principally over scapular areas on trunk, upper and lower extremities, evolution of the spots being rapid. The vesicle is sometimes multicellular, but the trabeculæ are less numerous and offer slight resistance to evacuation. The eruption is polymorphous, non indurated and several crops appear at intervals.

Measles is most contagious during the incubative and prodromal stages, small-pox more during that of dessication and desquamation. Measles is therefore more liable to become epidemic, as many are exposed before the nature of the affection is determined. It is peculiarly a disease of the mucous membrane, which also offers the best field for pathological manifestations presenting, as it does, the first visible change. Differentiation should not afford much difficulty. Children under one year old are not prone to develop the affection and in adults it is usually severe. In old and young special watchfulness is needful, since none of the exanthemata is so prolific of serious complications, as not a tissue nor an organ of the body escapes its morbid processes. The first eruptive lesions appear on forehead extending downwards and appear like insect bites. Suffusion of eyes, coryza, photophobia and cough are marked. The catarrhal symptoms increase in severity with development of the rash after which, when fully so, the constitutional symptoms subside, giving place after the

fifth day of the eruption to a slight creamy desquamation.

Much importance has been attached by clinicians to red, irregular spots with a bluish white center, appearing on mucous membrane of mouth—palate, uvula, fauces and cheeks—from twelve hours to five days before appearance of rash, after which period they fade. When present they are said to be pathognomonic of measles.

Rubella is a mild, epidemic, contagious and slightly infectious, eruptive disorder of short duration, disappearing in a few days. As compared with kindred disorders it is comparatively rare. It is usually epidemic, sporadic cases being rare, due, no doubt, to the slight extent to which it is infective. Deviation from its typical course would indicate complications or some abnormal sensibility. A diffuse redness of the throat is observed. The most important and constant diagnostic symptom is glandular enlargement, involving the axillary, inguinal, maxillary and particularly the post-cervical glands. eruption appears as faint pinkish maculæ, attaining full development in about twelve hours, fading at points first involved before full progress is made, so that while maturing on body it may have disappeared from face. The cofor of the rash is lighter than that of scarlet fever, slightly elevated, uniform in color and form to the eye, a composite picture of measles and scarlatina without any of the characteristic features or either. The period of desquamation commences soon after appearance of the eruption, following it in development and is completed in about five days.

Scarlatina is perhaps the most eccentric of all eruptive fevers. No opinion can be formed from the early symptoms as to mildness or gravity of the attack, which as a rule is sudden. The germs are long-lived and thorough disinfection is of great importance. The eruption follows no fixed course and is not constant as regards character or duration. It is most marked on neck. chest, abdomen and back of hands, a striking pallor of face being observed, particularly around nose and mouth. It is bright red or scarlet in color and if examined with a magnifying glass will appear as bright spots occupying the site of the hair follicles, pin point in size, translucent vesicles separated by small areas of pale skin. By the second or third day a bright scarlet blush covers the entire body on which with the end of a penholder or dull pencil point letters or characters can be plainly written, appearing as white lines on a scarlet ground. The strawberry tongue with prominence and enlargement of its papillæ completes a picture unequalled as a type by any of the eruptive fevers previously mentioned. There should be but small difficulty in differentiating variola and scarlatina, the only period of similitude being the early manifestation of the prodromal stage when the erythema variolosum of the former sometimes appears like the scarlet rash of the latter. Conflict of opinion, if any exist between the unprofessional and professional, is mostly caused by the mildness of sporadic and epidemic cases of small-pox, a great many people expressing themselves as preferring its infection than to incur what they consider the inconvenience and dangers of vaccination.

There are few known for this mildness of an affection in years past has been Has humanity fatal. acquired by some means a greater tolerance of the infection or has the materies morbi become itself attenuated and become no longer capable of perfecting its ravages? Those of you who are acquainted with the possibilities know how much more prolific is a virgin soil than that which has been cultivated for many years. Is it not possible that the analogy holds good as to the human organism? It is the opinion of a few syphilographers that leprosy is only a grave syphilitic lesion implanted on a virgin soil. May it not be that the human organism by years of tolerance acquired by repeated vaccinations, is no longer as seriously impressed by the specific germ, or is it not possible that the germ itself has lost its power? It is true that better homes, dress and food with more perfect sanitation play no unimportant part as the instrument of more perfect organisms. Does the evolution of the pathogenic microorganisms keep pace with that of human kind and continue a menace to health and life? Is it not recognized as a law of evolution that all living organisms must adapt themselves to their environment and, if so, does not such adaptation demand differentiation of type and species? Assuming that the causative factor of the exanthemata mentioned is specific microа

organism, is it not reasonable to suppose that by reason of its non-adaptation to environment by progressive evolution it has lost its morbidity and that the host is correspondingly more or less immune? There is no law governing one that will not govern both, and the vital decay of one, the germ, with increased vitality of the other, human organism, becomes the latter's safety. If vitality of the small-pox germ had increased and ours diminished the ravages of the affection would increase correspondingly. There is ample proof of organic evolution and it is not impossible to conceive that germs once possessed of virulent properties can vary in type and species and thereby in its pathogenic effects. The

higher the type the less is it amenable to evolutionary law and vice versa, thus the greater probability of less evolutionary changes in the specific germs causative of diseased conditions. would be well if we devoted time to the study of evolution of the germ as of the animal, a biological study rather than of specific microscopic forms. Does the micoscope reveal all? From the highest to the lowest forms of life the one becomes the victim of the other. Is it not possible that there are vital changes which the microscope cannot reveal and that by and by they can be discovered by better means and the theories of to-day bear the same relation to those of the future that ours bear to the dark past?

Dr. James S. Freeborn has found in 98 per cent of about 500 cases investigated that pregnancy contracted shortly after menstruation produces a girl; whereas if the date is shortly before menstruation, a boy is the result. As twins often consist of a male and a female, it might be inferred that they are the result of coition at a time midway between menses or possibly during menstruation.

Vital statistics recently issued show a very marked decrease in the English birth rate. In London there has been a decrease from 27.4 to 20.6 among married women under the age of 45 since 1881. Outside of London the decrease is mostly noted among the fashionable district, but even the slums are almost stationary.

The new Hospital of the Colorado Fuel and Iron Company at Pueblo, Colo., one of the finest, if not the finest, in the country, was formally opened August 6. Dr. R. W. Corwin, chief surgeon of the Company, has reason to be proud and to be congratulated at the creation of that institution.

During the month of July there were 870 deaths in Colorado, giving the rate of 17.81 per thousand. Of these but one was from smallpox and 7 from scarlet fever, while twenty-two died from diphtheria and thirty-one from typhoid fever.

In Egypt cholera made its appearance in July and the mortality has been so great as to raise a very great degree of alarm.

THE COLORADO MEDICAL JOURNAL

AND WESTERN MEDICAL AND SURGICAL GAZETTE

A Monthly Journal for the Medical Profession of Colorado and Adjoining States.

WM. N. BEGGS, A. B., M. D., ALLISON DRAKE, Ph. D., M. D.,

Editor and Publishe Associate Editor

MEDICINE-	DEPARTMENT		
Respiratory and Circulatory Digestive Tract	Organs		S. TAUSSIG, M. D. D. SPIVAK, M. D.
Respiratory and Circulatory Digestive Tract Tuberculosis Neurology and Alienism Therapeutics Physiology and Hygiene			EGGS, A. B., M. D. OETTINGER, M. D. ZEDERBAUM, M. D.
Bondbit	• • • • • • • • • • • • • • • • • • • •		
Ophthalmology and Otology. Laryngology and Rhinology Gynecology and Obstetrics	y System.		ILLE BLACK, M. D. . ROBINSON, M. D. . WHEATON M. D.
LOCAL EDITORS:			
Boulder, Colo	nk L. Dennis, M. D. Pud. Tri M. D. Gibbs, M. D. Tri P. J. McHugh, M. D. Far	adville, Colo	H. A. Black, M. D. James Gill Espey, M. D. rd Chase Branch, M. D. A. E. Hershiser, M. D. rank McConnell. M. D.

Subscription, \$2.00 Per Year.

Single Copies, 25 Cents

ORIGINAL ARTICLES. CRISP EDITORIALS.

CLINICAL REPORTS. SOCIETY REPORTS. CORRESPONDENCE. NEWS ITEMS.

Invited from the Western States of Utah, Wyoming, New Mexico, Kansas, Nebraska, Arizona, but particularly from Colorado.
All matter intended for publication in the next issue should reach the editor by the first of each month. Each contributor of an article will receive ten copies of the Journal containing his article, upon appli-

cation.

reasonable number of illustrations will be furnished by the Journal free of charge if suitable drawings or photographs are supplied by the authors.

Address all communications to

THE COLORADO MEDICAL JOURNAL, 133 W. Colfax Ave., Deaver, Col

Vol. VIII.

DENVER, COLORADO, OCTOBER, 1902.

No. 10

EDITORIALS.

THE ABUSE OF MEDICAL CHARITY.

"And the greatest of these is charity."

Perhaps no single word could be better cited to illustrate the evolution of language and the change in the meaning of words than the word charity. While the present meaning is a

derivative and the natural sequence of that rife at the time of the St. James translation, it nevertheless renders the apostolic dictum false. Charity, in the modern sense, if not an unmitigated evil, approaches it so nearly, that the great wonder is that the recognition of this fact has been so tardy.

There is at the present time healthy tendency to look more closely

and carefully into sociological conditions and to closely investigate the result of efforts brought to bear to alter existing conditions. The more experienced charity workers are questioning very seriously the results of their past efforts. They decry indiscriminate aid to the poor. They have learned that the habit of giving has a widespread influence upon the recipients. They have learned that it is exceedingly difficult to avoid deception on the part of the applicants and to recognize that with even the greatest care the unworthy may be encouraged in their worthlessness. They have learned that, granted that a distress is genuine and at the time being no fault of the sufferer, aid injudicious in its nature and application, is not without seriously detrimental results to the recipient of the charity and to the community at large.

It may be very harsh to say: Withhold the beneficent hand even in cases selected with the greatest care. However, the tendency is to pauperize the individual and with it the community. Having once received for nothing, perhaps even with shame, the tendency is to look forward to such benefactions with constantly diminishing embarrassment and finally to regard it as a right.

Possibly the greatest sinners in the propaganda of pauperization are the doctors. Discrimination plays but little part in their benefactions. Their hearts are big, and their time, opportunities and inclination for investigation are lacking. They are easy marks.

They are readily touched with tales of suffering, usually true, and readily

accept pleas of poverty, whether true or false. They console themselves with the thought that if they have been deceived, they have at least done a meritorious act. In this, however, they have fallen into a very grave error. They have temporarily relieved suffering, but at what cost They have encouraged the loss of self respect, so easily stimulated into rank growth. They have sown in the community a few more seeds of contempt of the profession on account of lack of discrimination and common sense. They have robbed themselves of just fees, which, while perhaps small, are well earned and too often needed to pay their own just obligations. have fostered a spirit in the community which deprives their fellow practitioners of a considerable income which they might far better receive.

When a plea of poverty is made we are more than justified in inquiring "Is that a sufficient reason why charity should be extended?" Even though to charge a fee may be a temporary hardship, is that a sufficient excuse for not demanding the same? There are at least two objections to an affirmative answer. In the first place, that which is repeatedly given for nothing gradually becomes to be regarded as to be of the same worth. Medical charity. therefore, tends to depreciate, in the minds of the community, the value of medical services and the influence which medical men possess in the community; for it is only too true that influence is usually measured in dollars and cents. In the second place, those who cannot, by the exercise of a little more effort and a little more self-denial, pay a moderate fee for the physician's services are so few that they form an inconsiderable portion of the populace, while those taking advantage of medical charity are very numerous. There are but few, very few, in even the poorest walks of life who do not indulge in some luxuries which they might do without without injury, even with benefit to themselves. They are also but few who make the best of the opportunities for improving their conditions which present themselves, even though these be not many. There are but few who, by a little additional exertion, could not earn sufficient, even though it would require considerable time, to make some suitable return for the benefits received. An increased feeling of obligation, especially if connected with the necessity for exertion, adds to the feeling of responsibility. An added feeling of responsibility enhances the estimation of the individual's own worth, thereby adding dignity and value to himself. For this reason it is far better for the physician to exact a fee as a rule even though it be a reduced one, than to be lax, as is the general rule.

There are two other elements under professional control, which it might be well to simply mention. The first is the hospital. We refer here not only to that portion dedicated to open charity work in which no fees are expected or received. A more insidiously undermining element is the pay-ward as contrasted with the private room. In many hospitals it is the custom to accept patients in the ward for a nominal sum supposed to cover the cost of

board, lodging, nursing and medicine. No fee is demanded for the attending physician, it being understood that the members of the staff render their professional services gratis. It is of course assumed that only those people who cannot at all afford to pay a physician take advantage of the benefits thus of-As a matter of fact, probably more individuals who are able to pay a reasonable fee are to be found in these wards than there are of those who are really taxing themselves as much as should be expected of them in paying the ward fee. scarcely a physician living and practicing in a community containing a hospital in which this system prevails, who canot bear definite and convincing evidence of this fact.

The second element is the medical and surgical services rendered under the direction of the health and police departments for presumably emergency Such, for example, may be named the institution of the police surgeon in Denver. This may be mentioned particularly because every effort is, we understand, made by the Denver police surgeons to avoid the abuses liable to creep in to the injury of the profession at large. We find that with the best of care and the greatest watchfulness it is impossible to exercise complete control of this subject, and it is not at all unusual to find that corporawhich have heretofore paid reasonable fees to physicians and surgeons for the care of employes injured at their work, now rely upon the police surgeon, to the considerable diminution of their expenses.

Wherever opportunities are presented for free medical treatment, there abuses creep in. There is no physician who has not felt the evil result of this. It is scarcely necessary to mention examples, yet one will be given. When the writer had charge of the clinic for diseases of the chest in the Gross Medical College of Denver, a woman appeared for treatment and, a diagnosis being made, was referred to another clinic in the same institution. It later came to the writer's knowledge that this woman's husband was the owner of five two-story houses in this city and was reputed to be worth from \$15,000.00 to \$20,000.00. Names and addresses can be furnished.

So well established has become the fact that medical charity is largely abused that in various localities various steps have been taken to correct the evil. At the last meeting of the State Medical Society of New Jersey the committee on "abuse of medical charity," which had been appointed the previous year, made a report from which the following is taken: "One institution, The Newark Charitable Eye and Ear Infirmary, had, during the year, made systematic efforts to exclude unworthy ones by the employment of a woman whose duty it was to personally question each applicant and, in case there was a doubt in her mind, to make further inquiry of his or her home conditions. This plan appears to have been in a great measure successful, for, out of more than five thousand applicants, nine hundred were excluded by this means alone, the abuse of this medical charity of fifteen per cent, the

proportion of about one in every six; and when it is remembered that there is a class of imposters who will stoop to any means of deception, it seems to be fair to assume that at least one in every five who knocks at the doors of our clinics is undeserving." committee still believes that legislation would be the surest and quickest cure for this abuse." "There is no question as to the importance of this subject, not only as it pertains to the younger members of our profession, but to the public at large." "There appears to be a possibility of some action among physicians, as for instance, the adoption in this society of a resolution which will deter any of its members from accepting a position upon the staff of any hospital, dispensary or clinic which has not adopted an efficient plan for the exclusion of all unworthy applicants for medical charity. Your committee favors some such action." This is a question which might well be taken under consideration by our own state and local medical society.

In some localities the matter has been made a successful subject of legislation. We would recommend it to the legislative committee of our State Society.

Apropos to the foregoing is the thought of a practice indulged in by a few physicians. They render no bills for services rendered, oftentimes accepting whatever fees are tendered them, great or small, without reference to the character of the service rendered or the financial position and ability of the patient. They seem to be rather proud of this practice, as though it

were something to be commended; on the contrary, they should be made to feel the force of the professional opinion that it is an error, a wrong which canot be corrected too soon. Usually those who indulge in such customs have not felt the sharp edge of competition. They have been well-to-do through no fault of their own; they have inherited money or married money or secured sinecure positions through family, political or other influences. They have no idea of what it means to be dependent upon their practice and the money derived therefrom to support their families, pay their rent, purchase the necessary and desirable equipment, journals, etc. They look upon their profession through spectacles which give everything a rosy tint. Their point of view is one which distorts the real relation of things.

EXAMINATION QUESTIONS.

Of the Colorado State Board of Medical Examiners. October Meeting.

QUESTIONS IN ANATOMY.

Dr. W. W. Rowan, Examiner.

- 1. Name the coats of the bladder and give its relations in (a) male, (b) female, to adjacent organs.
- 2. Name the component parts of the penis. Give the blood supply of that organ.
- 3. What tissues are severed in a circular amputation of the thigh at the junction of the middle and the lower thirds? Name them from before backwards.
- 4. What anatomical structures compose the hip-joint and which in particular is important to the surgeon? Describe it.

- 5. What anatomical structures compose the spermatic cord?
- 6. Describe the inguinal canal and name all the structures that go to form it.
- 7. Name the important structures passing through the axilla.
- 8. Give the anatomical relations of the liver, the stomach, the spleen and the pancreas.
- 9. Name the branches of the internal carotid artery.
- 10. Give the nervous mechanism concerned in the contraction and dilatation of the pupil.

QUESTIONS IN CHEMISTRY.

Dr. Frank Dulin, Examiner.

- I. Define chemistry.
- 2. Write the chemical formulas for
- (a) water, (b) sulphuric acid, (c)
- nitric acid, (d) hydrochloric acid, (e) hydrogen dioxide.
 - 3. Give the names of five potassium

salts used in medicine and their symbols.

- 4. What is the common name for NaCl, KClO3, NaBr, As2O3, Hg2Cl2, HgCl2, C2H5OH, CHCl3.
 - 5. Give the Marsh test for arsenic.
- 6. Give the chemical formula for subnitrate of bismuth, its origin and what impurities are generally found.
 - 7. Give the chemical name for Glau-

ber's salts, Epsom salts, Rochelle salts, copperas, calomel.

- 8. What salt of iron is chiefly used as an antidote in arsenical poisoning? How is it prepared?
- 9. What is NH3? Name some salts of same.
- 10. What chemical salt enters into formation of U. S. P. cathartic pill?

QUESTIONS IN PHYSIOLOGY.

Dr. D. A. Strickler, Examiner.

- 1. Define the science of physiology.
- 2. Name the digestive fluids found in the alimentary canal and tell where each is produced.
- 3. Describe the circulation of the blood, and give the causes of its flow in the different vessels.
- 4. Describe the lymphatic system and give its functions.
- 5. Name the agencies which cause the lymph to flow in its vessels.
 - 6. Give the functions of the spleen.
 - 7. Give the mechanism of respira-

tion.

- 8. Define the terms: (a) tidal air, (b) complemental air, (c) supplemental air, (d) residual air, (e) vital capacity, as applied to respiration.
- 9. Name the different organs concerned in excretion of waste material of the body, and give the main ingredients eliminated or excreted by each.
- 10. Give the physiological classification of the cerebro-spinal nerves with examples of each.

QUESTIONS IN PATHOLOGY.

Dr. S. D. Van Meter, Examiner.

- 1. What is meant by atrophy; hypertrophy; hyperplasia; necrosis; arteriosclerosis; atheroma, and amyloid degeneration?
- 2. Describe the formation of a tubercle produced by the tubercle bacillus and give the character of the changes it may undergo.
- 3. Name the tissues of the body which do not regenerate.
- 4. Describe the formation of a thrombus and state conditions necessary for its development.
- 5. Differentiate macroscopically between a tuberculous and a syphilitic testicle.
- 6. Give the pathology of typhoid fever.
- 7. Mention pathologic changes caused by syphilis.

- 8. Classify malignant new growths and give diagnostic clinical features of such.
 - 9. Give the pathology of croupous

pneumonia.

10. What pathologic changes occur in the body in chronic parenchymatous degenerative nephritis?

PRACTICE OF MEDICINE.

Dr. P. J. McHugh, Examiner.

- 1. Define herpes tonsurans and give treatment.
- 2. Give etiology and treatment of erysipelas.
- 3. Into what stages is whooping cough usually divided? Give symptoms of any one stage.
- 4. What are the diagnostic signs of acute lumbar pneumonia?
- 5. Define heredity and classify the hereditary diseases.

- 6. Outline treatment of a case of acute catarrhal dysentery.
- 7. What is appendicitis? Give symptoms and treatment.
- 8. Define icterus neonatorum. Give causation and prognosis.
- 9. Explain concisely why the power of co-ordination is interfered with in locomotor ataxia.
- 10. Give differential diagnosis of measles and scarlet fever.

SURGERY.

Dr. Sol. G. Kahn, Examiner.

- 1. Give the indications and contraindications for the administration of (a) ether, (b) chloroform.
- 2. Differentiate hydrocele of the testis and sarcoma of the testis and give treatment of each.
- 3. Make a differential diagnosis of opium poisoning, alcoholic intoxication and traumatic compression of the brain.
- 4. Differentiate between a direct and an indirect inguinal hernia. Describe the most common operation for the most common inguinal hernia.

- 5. Describe and outline the treatment for (a) Colles' fracture, (b) Barton's fracture.
- 6. Give the indications for and describe the operation of tracheotomy.
- 7. What is Meckel's diverticulum and its surgical significance.
- 8. Give treatment of a perforating gunshot wound of the abdominal wall.
- 9. Goitre, varieties; etiology, diagnosis and treatment.
- 10. Carcinoma of the breast, differential diagnosis and treatment.

QUESTIONS IN OBSTETRICS.

Dr. C. K. Fleming, Examiner.

- I. What are the various diameters of the inlet and outlet of the pelvis?
- 2. What are the signs of pregnancy?
- 3. What changes occur in the genital

organs during pregnancy?

- 4. Describe the fetal heart sounds, their rate, when and where best heard.
- 5. What are the causes of albuminuria and edema during pregnancy?
- 6. What is the best method of delivering the placenta?
 - 7. What do you understand by the

term, "mechanism of labor."

- 8. What is the mechanism in the L. O. A. position?
- 9. What is placenta previa, and mention the varieties?
- 10. What precautions should be taken to prevent infection during and after labor?

PROGRESS OF MEDICINE.

Neurology and Alienism.

Conducted by B. Oettinger, M. D., Denver, Colo.

THE CRIMINAL RESPONSIBILITY OF THE EPILEPTIC.

At the recent meeting of the Mississippi Valley Medical Association, Dr. John Punton of Kansas City read a paper on the "Criminal Responsibility of the Epileptic," which was well received.

After a brief summary of historical data defining the line of demarcation between empiricism and scientific knowledge in reference to the study of epilepsy, the essayist claimed that the modern conception of epilepsy was based upon the science of cerebral localization and regarded epilepsy as a symptom of brain disease while its continual presence tended toward mental deterioration.

He then enlarged upon the mental responsibility of the epileptic, which he claimed depended largely upon the extent to which the brain and its functions were impaired by its presence.

The fallacy of the prevailing legal test when applied to epilepsy was then referred to and criminal irresponsibility was claimed to be not incompatible with a true knowledge of right from Hence the criminal responsibility of the epileptic should be based upon the individual's power to control his actions. In dealing with the question of criminal responsibility the essayist then went on to say that it would seem that much of its complexity would be removed if the criminal code proposed by Mr. Justice Stephens of London could be universally adopted in our courts of law. This is not only fair but just, and with its ruling every medical man could agree. It is as follows: "No act is a crime if the person who does it at the time when it is done is prevented, either by defective mental power or by any disease affecting his mind, from controlling his own conduct unless the absence of the power to

control has been produced by his own default." (See Clouston Mental Dis-Attention was then ease, page 428.) directed to the fact that epilepsy may be congenital or acquired, hence the importance of its etiology and the relation it bears to crime, for no one doubts that alcohol and syphilis become at times not only potent factors in its causation, but promotes the development of the homicidal acts so common to epilepsy. all cases where murder has been committed by an epileptic the law should be amended to allow of its holding the criminal epileptic under medical surveillance the rest of his life.

In this connection careful discrimination should be made between punishment on the one hand and medical treatment on the other. No insane criminal epileptic should be punished unless his epilepsy was brought about by his own default, and even then his pitiable condition appeals to medicine rather than law for its proper adjudication.

As a remedy for the present unsatisfactory method of securing expert medical testimony the question of mental responsibility of the epileptics should be decided by an impartial medical commission appointed by the court, which again may be referred to local county or state medical organizations to name its members and their report returned to the court prior to the trial and wholly independent of the lawyers engaged in the case. Suitable compensation should be allowed by a fixed statutory law for such service. In con-

clusion the following deductions were offered:

1st. That epilepsy is a symptom of some brain disease.

2nd. That its continual presence tends toward mental deterioration.

3rd. That the mental responsibility of the epileptic depends upon the extent to which the mind or self-control has been impaired by the epilepsy.

4th. That the legal test of insanity is not sufficient, as mental irresponsibility is not incompatible with a knowledge of right from wrong.

5th. That epileptics are to some degree at least responsible for criminal acts, more especially when the epilepsy is produced by their own default.

6th. That criminal acts of epileptics appeal to medicine rather than law for their proper adjudication.

7th. That in cases of murder where epilepsy is proven, the law should be amended to allow of life committment to an insane hospital rather than a penitentiary.

8th. That the mental responsibility of the epileptic should be referred to a medical commission appointed by the court, which again may be referred to the local county or state medical organizations to name its members.

9th. That a just and equable recompense be legally allowed for such medical service.

General Surgery.

Conducted by W. W. Grant, M. D., Denver, Colo.

SURGERY OF THE HEART.

B. Merrill Ricketts, Ph. B., M. D., of Cincinnati, read a paper on this subject before the surgical section of the American Medical Association, June 10-13, 1902. He made the following statements:

Injuries and surgery of the heart have, until recently, been classed as anomalies. This one fact shows how little confidence there has been in successfully dealing with the heart surgically.

At one time simple needle puncture of the heart was thought to always result in instant death.

Experimental physiology and surgery shows what can be done and how to do it. It is the basis upon which the heart surgery, especially, has been placed.

Twenty-five dogs were used in the experimentations. Penetrating and non-penetrating wounds of the heart were made and closed with sutures of different material. Interrupted silk sutures were found to be the best. No especial antiseptic precautions were taken as all pathologic conditions were desired.

The pericardium may be entirely removed without death resulting. Either one of the coronary arteries may be ligated at its base without producing death. In a certain class of cases it is

best to suture the pericardium to the chest wall that drainage may be perfect. It is ideal to suture during sytole, but one will be satisfied to secure perfect suturing in systole or diastole.

Even though the auricular is thinner than the ventricular wall it may be sutured with equal success. Owing to this difference in thickness the per cent of penetrating wounds of the auricles is much greater than those of the ventricles.

Knotting of the sutures should be firmly secured, otherwise they may become untied by the constant action of the heart. The sutures should pass through the bottom of the wound when nonpenetrating and through the endocardium when penetrating. If not in the latter, the wound may become enlarged from within. Sutures should not be made tight enough to cut the heart tissue.

The mortality is less in wounds of the right than those of the left auricle and ventricle. Bleeding is more severe in wounds from sharp insruments than when due to bullets.

Conclusions:

- 1. Injuries and diseases of the heart have resisted surgery longer than almost any of the tissues or organs of the human body.
- 2. They, however, no longer offer such resistance but find themselves sub-

ject to attack by the same surgical principles as other parts of the body.

- 3. Experimental surgery teaches one to reason from animal to man.
- 4. Aneurism, foreign bodies, ossification, together with abscess, syphilis and gangrene, possess features which will have a great bearing upon, and will greatly influence the future surgical work of the heart.
- 5. The application of surgical principles in certain cases of aneurism of the heart will, no doubt, be accomplished by suture, suture electrolysis, or the injection of gelatine or something of a similar character.
- 6. The removal of a certain class of foreign bodies, whether they have formed within or have entered from without, should, and no doubt will be accomplished.
- 7. That a cardiac abscess should be incised and drained there can be no doubt.
- 8. Tumors of a pedunculated character on the external surface of the heart can and should be removed.
- 9. Pedunculated tumors within the cardiac chambers can also be successfully removed.
- 10. Parasitic cysts (animal or vegetable) when upon the external surface of the heart or in its wall, should be incised and drained.
- 11. Mitral stenosis, hypertrophy and dilatation of the heart will sooner or later find complete or partial relief within the domain of surgery.

- 12. Injuries involving the myocardium are subject to the same surgical principles as injuries to other important organs of the human body.
- 13. Lacerated or incised, penetrating and nonpenetrating wounds of the heart should be sutured.
- 14. Suturing or any other surgical procedure should not be discontinued because the heart should cease to pulsate. The work can and should be completed within a much shorter time on a quiescent heart.
- 15. All means should be resorted to, while the suturing of the myocardium is being completed, to re-establish the heart's action.
- 16. Drainage of the pericardial sac is necessary in many cases of injury of the heart.
- 17. Exploratory incision of the pericardial cavity and its contents has been shown by both experimental research and operations upon the living human body to be exceedingly rational, valuable and justifiable.
- 18. Exploration of the heart itself by puncturing it with a needle or knife to locate a foreign body or to detect pathologic conditions within the myocardium or its chambers, will at no far distant day be found useful, necessary and recognized as an accepted surgical procedure.
- 19. Why should these conclusions be fallacious when it has already been shown that nine of the twenty-seven cases of heart wounds treated by suture have recovered?

Opthalmology.

Conducted by Melville Black, M. D., Denver, Colo.

PROGNOSIS OF MYOPIA.

By Francis Valk, M. D., of New Ophthalmic Record, August, York. thinks has discovered he 1902, whereby method he is abled to prognosticate with accuracy upon the progression or non-progression of myopia. He analyzes 114 cases of myopia taken from his last 1.000 cases of refraction. He finds almost without exception that cases of refractive myopia do not tend to progression, whereas cases of axial myopia tend to progress and should always be watched closely. His method of determining axial and refractive myopia is by measuring with the Javal ophthalmometer the radius of the corneal curvature. His conclusions are as follows: "It seems to me that if we except the relation between the curve of the cornea and the refractive condition and that the majority of our cases will show a shorter radius in both meridians than the normal curve. then we have some reason for the statement that in myopia of any degree if the radius of curvature is less than 7.65 mm. we have a case of refractive myopia and not an elongation of the eyeball. That the prognosis will be, in all reasonable possibility, that the myopia will not increase. Then with full correction our patients may continue their studies or use of the eyes with every prospect of good and useful

Furthermore, that with a reduced curve showing a normal or longer radius, with any degree of myopia, then we have for consideration a case of axial myopia that may tend to increase even to serious impairment of sight. These cases must have full correction of the myopia with an examination of the refraction and glasses every six months or a year. If in time we detect any increase in the myopia then our patients must be cautioned in the use of the eyes, but a decided increase will call for the use of atropine, if necessary, and the entire cessation of the use of the eyes at any work calling for close application, until the refraction remains stationary for at least a year. Hence in this class of cases the close observation so frequently urged upon the profession by our many writers is very necessary and urgent; while in the cases of refractive myopia we may allow the use of the eyes, within reasonable limits, with confidence that we are dealing with an innocent myopia which will give useful vision during life."

The determination of the corneal curvature with Javal's ophthalmometer while accurate enough, is not to be compared with that of the Chambers Inskeep ophthalmometer. With the latter instrument the measurement of the corneal curvature in mm. is as easy as determining the amount of astigma-

tism in diopters. If Dr. Valk's observations are to be relied upon (and we see no reason why they should not be), the ability to prognosticate with some certainty that refractive myopia will not progress is a great boon. young persons can thus be allowed to continue their studies without inter-Personally I have been recording the curvatures of the cornea for two years with Chambers Inskeep ophthalmometer. Dr. Valk's work inspires me to renewed efforts in this direction. I shall watch carefully all cases of myopia so recorded and to be recorded in hopes of verifying Dr. Valk's findings.

CORNEAL TATTOOING.

B J. L. Borsch of Paris. Ophthalmic Record, September, 1902. It is a well known fact that in de Wecker's clinic, where Dr. Borsch is chief assistant, more tattooing is done than in any other clinic in Europe. His description of the technique of this operation is therefore worthy of note. "To disguise the unsightly deformity the operator must be somewhat of an artist; for in order to tattoo an iris and pupil on a complete leucoma, one must proceed in the same manner as though intending to draw a pen picture. one in drawing such a picture would take from four to eight pens and unite them in a bundle, but would select a single pen; so, in tattooing, one ordinary sharp needle would be used. Again, in order to make a picture, no one would think of first smearing ink all over the paper and then endeavoring to draw a picture with a pen devoid of ink; therefore, in tattooing a leucoma of the cornea, the opacity should not be covered with ink and the needle thrust blindly in through it, but a sharp needle should be placed in the holder and prepared in the following manner: First dip it in a strong solution of formol or carbolic acid, then in alcohol, then in sterile water, and finally rub it on a clean piece of carbonate of soda. The needle is now ready for use."

The coloring matter is made from the finest quality of Chinese ink in stick (preferably that made at the Imperial manufactory at Pekin or Shanghai). This is to be rubbed up with a solution of sublimate 1/5000 until a liquid, the consistency of which is a little thicker than ordinary black ink, is obtained. This solution may be prepared beforehand and kept in a glass-stoppered bottle.

"A small silver spatula from which to conveniently take the ink while tattooing, is of use. A speculum and a pair of conjunctival forceps, the teeth of which are replaced by a piece of hard rubber or shell can be used to fix the eye; the forceps and speculum may, however, be dispensed with and the eye steadied by the index and middle fingers, exerting a controlling pressure on the eyeball through the lids. As a precautionary measure, always have ready a small rat-tooth forceps and a pair of fine scissors with which to excise immediately any spot we may make accidentally in the conjunctiva, but which we should take extreme care not to make.

"A complete leucoma is tattooed as follows: The instruments, etc., being

prepared, the conjunctiva is thoroughly douched with a solution of boric acid and anesthetized with a I to 2 per cent solution of cocain. Let the patient look straight ahead, (1) and make a needle point at the exact spot that is to correspond with the center of the pupil. Then dip the point of the prepared needle in the liquid Chinese ink and make a number of thrusts, in a circle. around the central guide point straight into the leucoma, until a uniformly black pupil is obtained, equal to that of the other in size in an ordinary light. This may be all that can be accomplished at one sitting if the patient is nervous or bleeding is abundant.

"Next the diameter of the iris in the sound eve is measured and guide points made on the leucoma to outline the new iris; then a circle, which is to represent the limbus, is tattooed around the pupil, care being taken not to make the points of tattooing too near one another lest the limbus become too dark. One must be guided by the color of the iris of the sound eye; if it be gray or blue, the limbus made light; if the sound eye is dark gray or brown, the limbus must be made heavier. Imitate the striations of the iris of the sound eye by making needle thrusts obliquely into the leucoma, radiating from the pupil, stopping from time to time to observe the effect of the tattooing. which is best judged from a distance of about 75 centimeters.

"The darker tint of the iris is made by making perpendicular thrusts with the needle between the striations; the more closely the needle pricks are grouped the darker will be the iris, and the more disseminated they are the lighter it will be. In this way the eye can be made to assume the color of the iris covered by the leucoma. In many cases it is impossible, except on closest scrutiny, to determine that the eye is tattooed and not natural."

The operation of tattooing, while having been practiced to quite an extent in this country, is one that had its origin with the ancient Greeks, but was brought to its present state of efficiency by de Wecker, and has been condemned largely by other operators. We cannot but feel that his success is due to his artistic ability. It certainly is not within the power of all to draw on an opaque white cornea the picture of a pupil and iris, any more than it would be possible for all to draw on a piece of paper this same picture. Necessarily some will excel, and many fail. also possible that some of those who fail will condemn the procedure from various standpoints. Many claim that tattooing of the cornea is not worth while because it does not last, but soon fades and that the eye looks worse than before. De Wecker evidently does not have this trouble or he would not continue to practice the operation. It is: very easy to comprehend how one man might mess up the operation all round to a point where it was not an artistic success and that the lasting qualities of the picture would be equally poor. It were better to be honest and confess one's inability to perform it successfully than to condemn it, and thus prevent the patient from having its benefits at the hands of some one who could perform it.

Gynecology and Obstetrics.

Conducted by Clarence L. Wheaton, M. D., Denver, Colo.

SURGICAL TREATMENT OF PUERPERAL PYÆMIA.

The Journal of the American Medical Association contains the following translation from the Muenchener Medicinische Wochenschrift, May 3:

Trendelenberg refers only to that form of pyæmia of uterine origin due to septic thrombosis. The success of operative treatment of otitic pyæmia by ligatures inspired him to attempt a similar procedure in puerperal pyæmia. The conditions in the uterus are much less favorable as the veins are more numerous and less accessible, but it is possible to overcome all difficulties and operate outside the peritoneum.

The first chill in pyæmia is the signal that the enemy is installed and has opened fire. If no other cause can be found for the chill and a second follow. it is more than likely to be due to pyæmia and operative interference is indicated at once. Bimanual examination will reveal on which side the thrombosis is located or whether it is bilateral. In the autopsies of 21 cases the thrombosis was single in only 7 and on both sides in 14. In 5 cases it was limited to the veins of the parametrium and in 9 the vein trunks were The uterine veins were afinvolved. fected twice as often as the ovarian. It is therefore advisable in doubtful cases to ligate the uterine veins on both sides, ligating the ovarian later if need be.

Trendelenberg reports the following Multipara, 35 years old, who unmistakably owed her life to the ligating of the uterine veins in the right side, followed by that of the ovarian. Fever and daily chills from threequarters to two hours in length followed an abortion at three months. A tumor the size of a small eggg, painful on pressure, was discovered in the right parametrium. It was evacuated through the vagina after a futile exploratory laparotomy on the mistaken diagnosis of a pyosalpynx. scess was in the broad ligament and the pus contained streptococci. The chills continued, one or two a day, lasting about two hours and, the twenty-third day after the first operation, the right uterine vein was divided between two ligatures just above its junction with the external iliac. The vein below was discolored but there was no evidence of a thrombosis. The wound above Poupart's ligament was partially closed and drained with gauze. were no further chills during the next ten days and the patient felt subjectively much better. The chills then returned, at first short but gradually increasing in length and frequency, and the strength rapidly declined. month after the first intervention the ovarian vein was exposed through an incision on a level with the lower pole of the kidney, and the incision carried

downward from the tip of the eleventh rib. About 3 cm. of the vein were resected. The lower portion was abstracted with a grayish yellow thrombus while the upper portion was free. The thrombus contained quantities of cocci. There were no further chills, merely an occasional chilly feeling until the sixteenth day when a metastatic abscess in the right scapular region was opened, after which the patient recovered her health and weight.

THE GOITRE OF PUBERTY AND PREGNANCY AND ITS TREATMENT.

Dr. W. Cuthbertson of Chicago says that goitre may be divided clinically into:

- 1. Vascular.
- 2. Hypertrophic.
- 3. Cystic.
- 4. Pneumatic.
- 5. Malignant.

The goitre of puberty and pregnancy belongs to the vascular type and forms the principal subject for our consideration. In the vascular form there is a rapid new formation of blood vessels taking the place of the connective tissue of the gland. Such a goitre has the appearance of a telangiectasis or a cavernous angioma. Natalis Guillot seems to be the first author who has called attention to a specific enlargement of the thyroid during pregnancy. Petit recognized the influence of uterine functions in the production of goitre, supposed to be produced by violent efforts in expelling the child at confinement. Oliver speaks of puerperal goitre. Jenks cites 14 cases of goitre developed at the time of puberty, each

one of whom suffered from some form of uterine disorder. Lawson Tait believed that the thyroid gland was in sympathy with the uterus and was frequently affected by many of its conditions. Out of 25 cases which the author has collected 23 had a marked diminution of hemoglobin (35-50 per cent). Two cases were goitres of pregnancy, 23 being goitres of puberty.

We are well aware that at the time of puberty and pregnancy profound blood changes occur, as in all above cases blood count and percentage of hemoglobin were below the normal. Dr. Cuthbertson therefore attributes the exciting cause in these types of goitre not to the disturbing influence of the uterus itself but to the blood changes taking place at the periods of stress, viz., puberty and pregnancy. His treatment is considered from the medical point of view and also surgical. The doctor found that the use of hydrastic canadensis proved efficacious in effecting a cure in a case of goitre of pregnancy and so was led to use this drug. In each of the 25 cases of goitre a cure was effected in from six weeks to three months by the administration of 11/2 grains of the dry extract, t. i. d. after eating.-Medical Review of Reviews.

PLACENTA PREVIA.

American Gynecology for August contains an article on this subject by Dr. Lee. From his experience with 30 cases reported he holds that women with placenta previa ought not to die except in rare cases, such as those with embolism or hemorrhagic diathesis. If

the child is viable, labor should be induced. When the hemorrhage is moderate one may wait provided the patient is in bed and is in a well appointed hospital. No one method of treatment will meet all cases. All known measures should be at hand of the physician. The young practitioner should follow Schroeder, who says that the accoucheur will have the best results in placenta previa who has the least regard for the child. Placenta previa is a formidable condition, more so than most laparotomies, and to insure the best results the patient should be in a well equipped obstetric operating room.

The best way to induce labor is to puncture the bag of waters and to put a colpeurynter in the uterus, resting on the placenta, pressing this against the cervix, and then put traction on the tubes. After labor is inaugurated, or should the case be received when it is already begun and hemorrhage more or less severe has occurred, the treatment should be pursued with vigor and the doctor must not leave his patient until she is delivered and all danger is past. The objects are to stop hemorrhage, to empty the uterus, to secure contraction and retraction of the uterus and to ensure complete hemostasis. He advises against too great traction or too rapid or early delivery and cautions especially about carrying the patient through the third period. Infection not rarely occurs during pregnancy. This makes the organ adherent and retention of the placenta is common. If it is advisable to remove the placenta, and if the usual means are not immediately successful, insert the hand for that purpose. Postpartum hemorrhage must be watched for and the physician must meet it accordingly.

AN OPERATION FOR CYSTOCELE.

Dr. B. C. Hirst (Medical Review of Reviews) says that the strongest support of the bladder is the transverse muscle which extends from the ischium and pubes to the vaginal wall, and as a result of parturition the muscle is often torn. This tearing is the principal cause of cystocele. After describing some twenty cases the doctor says that the technique of the operation is as follows: The anterior vaginal sulcus on the left side is displayed by three bullet forceps making traction at the three angles. As the woman lies in the dorsal position on the table the sulcus is hidden in the vagina, but by fixing one bullet forceps alongside the orifice of the urethra on the opposite vaginal wall and the third half way up the vagina at the apex of the sulcus the triangular area involved in the injury comes plainly into view. The triangle is marked out with a knife and the mucus membrane is readily dissected off by scissors. The other side is treated in the same way. The sulcus being denuded the sutures of silkworm gut are inserted just as they are in the posterior sulci in an Emmett operation. They are not yet united but are clipped wih hæmostats. The cervix is pulled out of the vulva and the rest of the operation is performed in the usual manner for cystocele with an oval denudation and the buried continuous tier suture of catgut. After the closure of the oval denudation the sulci sutures

are united with shot. As in every operation for cystocele, there should be a restoration of the posterior vaginal wall and of the pelvic floor, but no one should depend for support to the anterior wall upon the posterior wall alone. There is no more misleading thing that the idea that the anterior vaginal wall is supported almost entirely by the posterior wall. The most troublesome cystoceles to cure by operative treatment are those in which the posterior wall has been repaired in the hope that its restoration would support the anterior wall.

Every one knows from experience that it is better to operate on the posterior wall to add to the support of the anterior wall in the treatment of cysocele, but to trust to this support alone would always prove disappointing.

MASSAGE OF THE BREASTS.

Dr. C. S. Bacon (Amer. Jour. Obstet., June, 1902) criticises the instruction found in text-books on the subject above named.

The idea of massage of the breast is not to get rid of the accumulated milk, but to empty the overfilled lymphatics and veins. The patient lying on her side, the masseur begins in the axilla and gradually advances toward the center. The pressure at first is very light with the fingers, only increasing as the parts become less tender, and making longer excursions toward the axillary space and upper border of the breast, using not only the fingers but the palms, under part of the hands and balls of the thumbs. With the lower hand the masseur also begins to work

below the breast and with the upper around toward the inner side. If this treatment is properly done a large amount of tenderness has disappeared and the manipulation is pleasant. The skin has become loose and soft and it seems one-half of the milk or less has escaped. The massage may be stopped at this stage and supporting bandages may be applied to the breasts. The chief contra-indications to massage are the presence of mastitis, the possibility of dislodging masses of bacteria and transplanting them to other regions where they become foci of trouble. Another danger is the disturbance of the inflamed area. Massage of the breast is indicated generally in the beginning of lactation only in cases of disturbed or non-infected breasts that cannot be relieved by supporting bandages.

Perhaps, the doctor says, not more than one case in five needs massage and then only for a day or two, but in these cases it is a valuable measure and gratefully received.

DIABETES AND PREGNANCY.

Ernest Herman (Edinburgh Medical Journal and Medical Review of Reviews) says that if diabetes occurs in a woman of child-bearing age it usually suppresses menstruation and often produces atrophy of the uterus. In some cases, however, menstruation continues and such patients may become pregnant. Since diabetes in young subjects is of a more severe type, those diabetic women who are still capable of becoming pregnant exhibit a dangerous form of this disease. Pregnancy

agggravates it and hastens its progress. If diabetes becomes associated to pregnancy, viz., if a pregnant woman becomes diabetic, the prognosis is more favorable because the diabetes usually subsides after confinement.

The effect of diabetes upon pregnant women is extremely deleterious. about two-thirds of the cases intrauterine death of the child was observed. Hydramnios is a frequent complication. During the lying-in, death may supervene in the same manner as after operation, with the symptoms of coma and The obstetrical management collapse. of diabetes with pregnancy is a very difficult problem. The author believes that the termination of pregnancy, and that too at the earliest possible date, is the only course which can logically be followed.

A CASE OF PRECOCIOUS MENSTRUA-TION.

Stommer, in the Muenchener Medi-

Wochenschrift, cinische September, 1902, reports a case in which menstruation began regularly at the age of six years and eight years later ceased entirely without any climacteric changes or disturbances of general health. suggests as a possible explanation that in the first years, in addition to an intestinal catarrh due to bacterium coli. there existed an unrecognized affection of the inner genitalia, the resulting inflammation producing congestion and ovulation with the accompanying menstruation as in ordinary catamenia, and when this affection healed at the end of eight years the menstruation ceased. It was also possible that rachitis had given an impulse to the early maturity of the genital organs as a compensation for the deficient development of the bones and, thirdly, there may have been some hereditary influence as the mother had ten children and at the age of 31 had already borne five children.

SOCIETY REPORTS.

Denver Clinical and Pathological Society.

The annual meeting of the Denver Clinical and Pathological Society was held October 10, 1902, in the California building, its members being entertained by Drs. Levy, Fleming, Freeman, Coover and Hershey.

The records of the last regular and the special meeting were read and approved. Resignations from membership were received from Drs. A. S. Lobingier and A. Bourquin. The same were accepted and the membership committee reported Drs. J. A. Wilder, Philip Hillkowitz and W. W. Grant elected to membership to fill the existing vacancies.

The annual report of the secretary was read and accepted for the files. The

report of the treasurer was referred to an auditing committee appointed by the president, consisting of Drs. Jackson and Hall.

The society then elected officers for the ensuing year as follows: President, Dr. W. H. Bergtold; first vice president, Dr. A. S. Taussig; second vice president, Dr. E. C. Hill; secretary, Dr. F. M. Kenney; treasurer, Dr. C. B. Van Zant; membership committee, Drs. H. F. Pershing and J. N. Hall; executive committee, Drs. Edward Jackson and S. B. Childs.

Dr. Hall exhibited a specimen of intestine showing typhoidal lesions. The specimen was further demonstrated by Dr. Hillkowitz. The clinical features of this case as reported by Dr. Hall were: The overwhelming infection with general bleeding in a male, with fatty degeneration of the spleen, liver and kidneys as shown by the autopsy.

Dr. Freeman exhibited a syringe (hypodermic) with special attachment for the injection hypodermically of paraffine, used in correcting deformities of the soft parts, such as the nose, palate, rectum, etc., the paraffine being mixed with vaseline base to a semisolid consistency at a temperature of 102°, the result after injection being a cartilaginous hardening of the paraffine and the formation of an enveloping capsule around it. Discussion by Drs. Black and Stevens.

Dr. Childs exhibited a skiagraph of stone in pelvis of kidney. Discussed by Drs. Stover and Hall.

Dr. Hershey reported a case of ful-

minating appendicitis, which was operated on by Dr. Freeman, free pus being found in the peritoneal caviy. The abdomen was closed without drainage. Discussion by Dr. Freeman, who further reported that owing to the early operation no general infection or intestinal injection had occurred.

Dr. Hill reported a case of primipara forceps delivery, the child being asphyxiated. Used Sylvester's method of resuscitation for 1½ hours without result except a film of moisture on a mirror at intervals.

Dr. Perkins reported a case of operation for artificial anus. Failing to trace the direction of intestinal canal from without, the abdomen was opened and an opening made by the aid of a sound passed from within. Death.

Dr. Pershing reported a case of a girl 18 years old unable to swallow or speak. There was also impairment of sight with paresis of right external rectus and the palate was not responsive to phonation. Examination disclosed a syphilitic lesion on the tongue. Improvement immediately followed iodid inunctions.

Dr. Black reported a case of destruction of the soft palate not arrested by treatment in a male accustomed to taking one quart of whisky and twelve grains of morphine each twenty-four hours. Withdrawal of the drugs and sanitarium treatment for seven weeks resulted in a complete recovery.

Dr. Kenney reported a case of Addison's disease in a female of 34 years. Discussed by Dr. Edson.

Dr. Stover exhibited a telescopic skiagraph of wonderful properties which must be seen to be appreciated. The society then adjourned.

Members present, 26. Visitors, 21.

F. W. KENNEY, Secretary.

NEWS ITEMS.

The State Board of Medical Examiners of New Jersey and Maine have instituted the reciprocity scheme with states maintaining their standards of requirements. The New Jersey board will, after June, 1903, require the applicant to file with his application a recent photograph of himself with his autograph signature duly attested before and under the seal of a notary.

W. G. Sackett, a graduate of the University of Chicago, has been studying the culex mosquito and has found that none of the culices will alight on yellow objects, and concludes that houses painted yellow and yellow cloths will ward off the mosquito.

Public telephones in St. Louis are provided with tips of antiseptic gauze for the transmitter. One tip will last about a week. It is said the federal buildings in Washington are likewise provided with tipped transmitters.

The study of medicine is on the decline in Germany as regards the number of students. In 1899 there were 8,141 students of medicine. In the present year there are only 6,749.

The German railways are to be equipped with ambulance cars having operating tables, beds, etc., for the immediate care of those who get injured in railway wrecks. There are to be seventy-seven stations so located that the injured may be transferred to some hospital within an hour and a half.

The municipal assembly of St. Paul, Minn., has passed an ordinance requiring distributors of samples of patent medicines to exhibit to the officers of the board of health samples of the medicines to be distributed. This will tend to keep dangerous drugs, etc., from falling into the hands of children, who might otherwise pick up such samples if carelessly thrown into the yard or placed upon the doorsteps.

At some time in July it is said that on one passenger train of the Reading railroad there were sixteen newly married couples. If that is any indication of the general tendency of Pennsylvania a great increase in population is to be anticipated.

The State Insane Asylum at Pueblo now contains 502 patients.

The Maltine Company received 208 essays on "Preventive Medicine," in competition for the two cash prizes of \$1,000 and \$500 which the Maltine Company offered last February.

pine Islands has caused a considerable amount of alarm in army circles.

A site for a branch establishment of the home for disabled and volunteer soldiers was recently selected at Hot Springs, S. D.

The internal administration of one of our standard medicinal remedies. arsenic, is under suspicion as a cause The ravages of cholera in the Philip- of cancer. The tomato, it would seem, has had its day.

> The physicians of Moline, Ill., have organized for the purpose of listing deadbeats.

BOOK REVIEWS.

THE PRACTICAL MEDICINE SERIES OF YEAR BOOKS, Comprising Ten Volumes on the Year's Progress in Medicine and Surgery. monthly under the general editorial charge of Gustavus P. Head, M. D., Professor of Laryngology and Rhinology, Chicago Post-Graduate Medical School. Volume 7. Medica and Therapeutics, Preventive Medicine, Climatology, Forensic Medicine. Edited by George F. Butler, Ph. G., M. D.; Henry B. Favill, A. B., M. D.; Norman Bridge, A. M., M. D., and Harold N. Moyer, M. D. June, 1902. Price of the volume, \$1.50. Price of the series, \$7.50. The Year Book Publishers, 40 Dearborn St., Chicago, Ill.

There has been much complaint during the last decade that materia medica and therapeutics have not made the advances which have characterized other branches of our profession. This complaint has much truth in it, not that many new articles have not been introduced and progress has not been made in our knowledge of the older since that is not true. The first section of the present volume will prove witness to that in the fact that although the greatest brevity is used, some 130 pages are required for mention of new medicines and new knowledge acquired during the previous year. Nevertheless the brilliant strides which have been made in surgery, bacteriology, etc., are not prominent in this branch of medicine. Much has been written, however, of value and still more of little or no worth.

In preventive medicine the greatest amount of attention is given, as is proper, to the subject of tuberculosis.

The other infectious disease, however, are not neglected and such subjects as supervision of marriage, school hygiene and physical education are given due mention.

There have not been many contributions to medicine in the field of climatology during the past year. Consequently such condensation is not called for as is necessary in some other fields of medicine. Of course the relation of climatic treatment to tuberculosis receives the most attention. Then a discussion of individual climates has taken up and data given. This is followed by a short chapter on general climatology, and a number of pages of statistics as regards temperature, humidity, etc.

Of special interest in the part devoted to forensic medicine are the chapters on the serum test for human blood, examinations of the person of a plaintiff in personal injury cases, microscopic studies of different samples of white arsenic, privileged communications, risks taken by a patient in a charitable hospital and the liability of a physician in abandoning a case.

THE OPTICIAN'S MANUAL. By C. H. Brown, M. D., Graduate of the University of Pennsylvania; Professor of Optics and Refraction; formerly Physician in Philadelphia Hospital. Published by The Keystone. Bound in cloth, 408 pages. Illustrated. Price, \$2.00.

This is in many ways a remarkable little book. It is written by a "Profes-

sor of Optics and Refraction," but the author does not say in what institution he is a professor. It would seem to us a "graduate of the University of Pennsylvania" belittles his effort in addressing this book to opticians rather than to the medical profession, of which he is a member. The book is remarkably well written, and contains but little to which we can take exception. These exceptions pertain especially to the use of atropine and the use of cycloplegics in general, and to his advocacy of partial correction. It is to be presumed that he could not deal otherwise with these subjects and call his book an Opticians' Manual. We have wondered if the author is really honest with himself when he condemns cycloplegia and advocates partial correc-His ability as a refractionist, evidenced by the masterly way in which he deals with all his subjects, makes us wonder the more. If the author would write a book for medical men and students of opthalmology in the same clear, simple style in which he has written this work, and, in dealing with subjects with which the optician has no business, would make them accord with the latest teachings and well recorded findings, we feel sure that it would have a ready sale and would be highly ap-We are also inclined to preciated. think that it would do the author infinitely more credit than his present As the book stands it is production. capable of much harm, for the reason that it inclines to make the optician think he is capable of handling many ocular conditions, which he can never understand until he has a medical education.

MELVILLE BLACK.

THE PHYSICIAN'S PROTECTIVE VISIT-ING LIST. A daily Record of Practice and Accounts Without the Use of Signs.

LEDGER OF MONTHLY BALANCES AND INDEX OF ACCOUNTS. \$2.00. The Clinic Publishing Co., Ravenswood Station, Chicago.

"Nothing like it," were the words that involuntarily escaped us after we have examined the List and the Ledger. The "outfit," which consists of 12 lists and one ledger 3½x6½ each, one list and ledger fitting snugly in a beautiful and flexible case, is in many respects unique. Each list records the visits of 126 patients per month, or 1,312 patients a year. Each patient has a separate column where the daily visits may be entered and described accurately without the use of signs, something that will stand the test of any court in the The monthly accounts may be transferred to the ledger where separate columns are provided for reference to page in the list, charges and credits. The words "Multon in parvo" can be applied to this ingenious arrangement

without a blush for their otherwise hackneyed use. It is bookkeeping made easy, and really constituting the "Physicians' Protective Accountant." One needs but a few minutes of examining the "outfit" in order to be convinced of its many sided advantages.

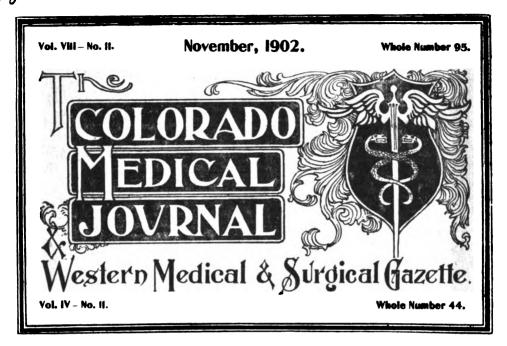
A COMPEND OF HUMAN PHYSIOLOGY. Especially adapted for the use of medical students. By Albert P. Brubaker, A. M., M. D. Adjunct Professor of Physiology and Hygiene in the Jefferson Medical College. Professor of Physiology in the Pennsylvania College of Dental Surgery. Eleventh edition, revised and enlarged, with illustrations and a table of physiologic constants. Price 80 cents net. P. Blakistons Sons & Co., 1012 Walnut St., Philadelphia, Pa.

A resume, in very compact form, of the essentials of physiology. The work is already well known as its now being in the 11th edition will indicate. Circulating widely among medical students, it serves to indicate to them what it is absolutely necessary for them, as students, to know. Clearly written, free of all superfluous matter, it well serves the purpose intended by the author and publisher.

272 272

Table of Contents on Advertising Page 3.

Do you read the Advertising Pages? If not you are missing something good.



THE COLORADO MEDICAL JOURNAL, 133 West Colfax Ave., Denver, Colorado.

WM. N. BEGGS, A. B., M. D.,

Editor and Publisher

ALLISON DRAKE, Ph. D., M. D., and CLARENCE L. WHEATON, M. D.,

Associate Editors

Entered at the Postofice at Denver, Colorado, as second class matter.



POSITIVE NUTRIENT STARVED NERVE CENTERS

ARSENAURO.

THE GENUINE HAS OUR SEAL ON NECK - THE SUBSTITUTES HAVE NOT.

LOOK OUT. CHAS: ROOME PARMELE CO., 45 JOHN ST., N. Y.

TISSUE BUILDING BY BOVININE

BOVININE not only stimulates, but completely feeds the new born blood cells, carrying them to full maturity.

It increases the leucocytes and thereby most powerfully retards pathological processes.

As a food and nutrient it is ideal, requiring little or no digestion, and being at once absorbed and assimilated.

For starving anæmic, bottle-fed babies, its results are immediate and most gratifying.

It will be found equally reliable for nursing mothers, affording prompt nourishment and strength to both mother and babe.

Records of hundreds of cases sent on request.

THE BOVININE COMPANY
75 West Houston Street, NEW YORK

Dr. Deimel Underwear



BEARS A LABEL WITH THIS TRADEMARK

Many people suffer from a weak skin. They perspire easily and chill easily, cannot bear drafts and are apt to take colds, bronchitis, pneumonia or rheumatism. As a rule they wear woolen underwear; the heavier the garment the weaker the skin.

The Dr. Deimel Underwear of POROUS LINEN is the correct garment for the skin It gives tone and vigor to it. Under it the skin becomes strong and active, capable of protecting the body against chills and internal congestions.

M buxury in Summer and a Necessity in Winter Best Houses Everywhere Sell it.

For Catalogues and samples of material, address

The Deimel Linen-Mesh Co.

491 Broadway, New York.

or San Francisco, 111 Montgomery St.; Washington, 728 15th St., N.-W.; Brooklyn, 510 Fulton St.; Montreal. 2202 St. Catherine St.; London, W. C. Hotel Cecil, 38 Strand.

The well-known manufacturers of Surgical Dressings and Supplies, J. ELLWOOD LEE & Co. Conshohocken, Pa., have the exclusive manufacture and sale of Surgical Dressings, Supporters and Suspensories made of the Dr. Deimel Linen-Mesh.

THE COLORADO MEDICAL JOURNAL

...AND...

WESTERN MEDICAL AND SURGICAL GAZETTE

A Scientific Medical Journal, Published in the Interest of the Profession of Colorado and Adjoining
States—A Journal of Science, of News and of Medical Lore.

Vol. VIII.

DENVER, COLORADO, NOVEMBER, 1902.

No. 11

ORIGINAL COMMUNICATIONS.

Delusions: Insane and Sane.*

BY BERNARD OETTINGER, M. D., DENVER, COLO.

Delusional possession is the most frequent cause for commitment of the insane. In the easy acceptance of this fact lies the need to familiarize one other, namely, that delusions, although very often the manifestation of lunacy, are not always evidence of it. For a clear comprehension of this statement, let us take note of some frequent and ordinary delusions and also some historic false ideas.

First, as regards classification. It is convenient to follow Esquirol and set down as class (a) delusions which are actual sensory perception falsely interpreted; as class (b) hallucinatory delusions, that is, such as are not based upon an immediate sensory perception of the outer world. Convenience dictates the use of this classification, because, although of great practical service in the many instances in which it is

applicable, this differentiation is established in some cases with great difficulty or is altogether impossible. illusion refers to individual experience, hence our ability to decide upon it as the basis of a delusion in another depends upon the knowledge gained from our Thus, in the case of a own senses. person who, under ordinary conditions, mistakes the identity of one person for another or who hears spoken messages in the sound of bells, we have a delusion clearly based upon an illusion. if this same spoken message, claimed to be heard at a time when to others there was no audible sound, and therefore to be regarded as a hallucination, in reality originated in certain very common head noises which are audible only to the person experiencing them, such as rythmical sounds arising in the cranial circulation or the tinnitus

^{*}Read before the Colorado State Me dical Society, Pueblo, Colo., June 24-26, 1902.

aurium due to middle ear catarrh, we would, after all, in such a case, have to do with a misinterpreted sense perception—an illusion appearing as a hallucination to all others than the subject of it.

Nevertheless, despite possible difficulty in assigning the exact origin of a false idea in exceptional cases, many at once betray their true character. For example, we pronounce without difficulty as insane a belief wherein a man declares that he is some renowned character in history whom we know to be dead, or that he is the Supreme Ruler of the universe. He may thus express in one idea or another, this same kind of false belief, namely, that which exhibits an insanely exaggerated self-importance. Another class of insane delusions typify persecution. A person may entertain the belief that, although innocent of crime, he is being tracked by the police, or is being slowly poisoned for his wealth or because he is looked upon as an obsacle in a supposed love affair, etc. Insanity is also often betrayed by somatic delusions, such as the belief that the body is made of glass, necessitating greatest care moving about, that only the talking head lives and that all the rest of the body is dead, that moving machinery is in the abdomen, etc. These corporeal beliefs are usually illusions, depending upon some pathological body function. Paraplegia or mere skin anæsthesia may easily suggest death of a body part to the insane mind, an increased and perceptible peristalsis, as easily machinery in the abdomen.

If we reflect upon the means which

enable us to so easily deny the truth of these ideas, we find: 1st, that the refuting testimony is furnished by our senses employed at close range, and that the evidence is probably corroborated by several of them; 2nd, that our decisions refer to a combination of facts concerning which we ourselves and others have deliberated upon reached similar conclusions, times previously to each particular instance, or in other words they relate to common experience. All insane delusions, whatever their origin, involve "inability to discriminate between the true and false," and are therefore not corrected. Hence an uncorrected delusion is usually deemed equivalent to an insane one. This test is applicable in many cases but cannot be invariably relied upon. To illustrate, we shall designate as Class I all insane delusions, and some already cited may serve as examples. Class 2 shall include delusions of sane persons, and in reference to these we shall now speak. The story in the school books relating how the guide-post in an imperfect light assumed a human shape, a delusion dispelled upon closer inspection, represents a false belief of sanity based upon an illusion. But sane persons at times experience, and also correct, hallucinations. Well known is Goethe's approaching vision of himself. lates concerning this adventure upon the road to Sesenheim: "I saw, not with the eyes of the body but of the spirit, myself upon horse, approaching on the way, and in fact in a garb which I have never worn—it was a light gray and gold. As soon as I shook myself out of this dream, the figure disap-Dornbluth* regards this peared." vision as identical with the imaginative faculty of great artists to vividly reproduce pictorial or acoustic impres-The connection is scarcely apsions. parent at once, but becomes plainer in the light of Goethe's claim that he could give form to images passing in mind and the possibility that he had pictured such a scene to himself. The idea of a man meeting himself is not novel. has more than once been employed in romantic fiction.

In recent time, the London Society of Psychical Research, has recorded numerous instances wherein persons deemed mentally responsible, recounted the appearance of apparitions as within their experience. According to present common knowledge, we cannot do otherwise than classify such occurrences with ocular hallucinations, and as in the cases of delusions of sane persons previously cited, to demand: 1st, that interpretation must place such visions outside a normal manifestation of the physical world; 2nd, the person to whom the hallucination appears must not be so influenced thereby that his actions be other than the possible outcome of common world experiences.

Thus far we have briefly considered some uncorrected insane delusions, and also some examples of corrected false ideas of sane persons. We may next examine some uncorrected delusions of the sane.

It is readily seen that a mistake, in its limited sense of a misconception, and a delusion (defined as acceptance of a false belief as fact), have a common origin; both are misinterpretations of, or a false conclusion deduced from. sense perception. But while human fallibility is an axiom, and looked upon with indulgence because universal, an individual may not leave his delusions uncorrected with impunity, because, concerning them, there exists a different unanimous opinion. The latter is the result of more exact knowledge (in fact or so supposed), than is the basis of a mistake, inasmuch as the source of information is furnished by common experience or is the product of science as interpreted by a comparatively limited number, of persons whose opinions concerning a given subject are accepted as a demonstrated fact by the majority of a people, although unproven by the These conditions obtain because this minority is believed to be more conversant with all the facts established in relation to a given subject. It is no arraignment of science but mere testimony to its striving upon planes higher than are those of common experience, to recognize that its dictums from time to time must be corrected and to comprehend that supposed facts accepted as truth up to a certain time, are eventually proven to be delusions. Science in our civilization has reached a stage wherein is still indexed humanity's paramount deficiency, namely, human labor and progression compatible with life conditions of comfort for the many. Nevertheless, we may concede to it to-day a correction of false

^{*}Dornbluth, Compendium der Psychiatrie.

beliefs which found vent in physical cruelty to individuals. A delusion of this kind often cited was the belief in witchcraft. Perhaps at first glance it may seem unreasonable to categorize the demonology of a previous age with twentieth century science, yet both stand in their time for the most advanced explanation by learned men of physical phenomena. Maudsley* himself, quoting, says: "The most learned physicians only put the devil a step farther back, acknowledging such a preparation and disposition of the body through distempers or humors which giveth great advantage to the devil to work upon, which distemper being cured by physical drugs and potions, the devil is driven away and hath no more power over the same bodies."†

But if we recognize in the error of belief just considered, one which is always evolved at some period of a people's mental development in the effort to explain unknown causes of world phenomena, one, also, which thrives best upon the very absence of accurate testimony, except in so far as the marvel of co-ordinated muscle spasm and catalepsy had arbitrarily been adduced as proof, how was it in regard to the belief that the earth and not the sun was the center of our solar Galileo had proclaimed the system? truth of the Copernican system, yet, in his old age and under humiliating circumstances, was made to recant and to publicly announce his adherence to the older theory. In this, one may perhaps see mere evidence of church power which scented danger in the rejection of any established doctrine. But also important is the fact that the delusion concerning movements of the earth and heavenly bodies was seemingly proven by calculations accepted as correct by learned men of that day. True, some phases of our solar system were not in exact accordance, but in this day, with immeasurably more exact data, a like condition prevails in so far as known astronomical laws do not explain all celestial phenomena. Referring to the explanation of physical laws by modern science, the writer knows of an obscure, probably mistaken, but in any case sane, philosopher, who rests satisfied that Newton's theories concerning gravitation contain egregious error, and that they do not take cognizance of certain existing conditions. Assuming this person's ideas to be wrong, we nevertheless have a sane man, who fails to correct his delusion and, in this, his position is the same as Galileo's appeared to opposing scientists of his day. And in our own, who will question the sanity of Ex-President Kruger, who, on good authority, is said to declare his belief that, barring slight inequalities, the surface of the earth is flat? We remember, too, that child-life is filled with delusions. The babe reaches for the moon. Night terrors of children are peopled with ocular hallucinations. The young arrive at most unreasonable

^{*}Maudsley, Responsibility in Mental Disease, note, p. 10.

[†]The modern physician will not fail to recognize in the above, correct observation of disease, if he only substitute the present day theory of loco minoris resistentiæ morbid process of disease for Satan himself.

conclusions as to acts and motives of persons about them. Such false beliefs are in general not viewed with alarm, because, in respect to the child, a normal judgment is usually attained with added experience; and in respect to society, we recognize in childhood a receptive age, and not one that, as a rule, acts upon its own judgment to avenge fancied wrongs. So also with the adult who does not act in accordance with For him much latipeculiar beliefs. tude of individual opinion is countenanced, provided associated conduct does not create palpable evils; and, therefore, so long as an individual's delusions appear harmless, that is, effect no relaxation upon his part of his obligations to

society and to himself as a part of it, we are content to regard him as an excentric, meantime suspending judgment as to actual mental status. this brief resume of mind conditions relating to delusions enough has probably been said to have made clear why this variety of false idea and the state of insanity are by no means equivalent to one another. And no less patent will appear reason for the alienist's desire to base his pronouncement as to sanity in a given case upon the individual's demeanor and conduct in its entirety, or, in other words, upon the latter's collective reaction to life's stimuli rather than upon expression of any single delusion, however bizarre.

Fibroid of Right Broad Ligament.*

By EDWIN B. SHAW, A. M., M. D., EAST LAS VEGAS, N. M.

Miss L., aet. 26, white, consulted me some two months ago on account of an enlargement of the abdomen and some pain in the region of the right kidney. On examination, the tumor was found to be somewhat irregular in shape, extending more to the right side than to the left, and upwards to within two inches of the ensiform cartilage. The entire pelvis was filled with the mass and the cervix could not be found.

The tumor was first noticed by the patient about eighteen months ago. A year ago she consulted a physician on

account of profuse and long continued hemorrhage. At this time she would permit no vaginal examination and the physician was inclined to suspect pregnancy. When I was called the patient had well marked pressure symptoms—an irritable bladder, constipation, pressure in the rectum and pain extending down the thighs. I diagnosed the case as one of uterine fibroid and advised operation. Two consultants saw the case with me, confirmed my diagnosis and agreed as to the advisability of the operation.

^{*}Read before the New Mexico Territorial Medical Society, at Albuquerque, N. M., April 16, 1902.

For a week previous to the operation the patient was kept on a rather light diet, the bowels were thoroughly cleansed by Epsom salts and high enemeta and vaginal douches were used twice a day. The evening before the operation the abdomen, pubes and perineum were shaved and scrubbed with hot water and soap and a bichlorid pad was applied.

The operation was begun at 11 a.m., March 15, 1902. The patient emptied the bladder vountarily before coming into the operating room. Chloroform was used through the stage of excitement, then ether was substituted. The field of operation was again thoroughly prepared. A sound was introduced into the bladder showing it to be drawn over to the left. The incision was begun above the umbilicus and a little to the right of the median line. After opening into the abdomen, the incision was carefully enlarged with the scissors to the pubes.

The mass was found to be firmly adherent to the bowels and bladder and involved the right broad ligament. The bladder was drawn over to the left and had a depth of nearly ten inches. Attempts were made to separate the tumor from the bowels and bladder, but it was impossible to deliver it through the abdominal incision. The uterus. pushed upwards and to the left, seemed healthy, as were also the left ovary and tube. The appendix "bobbed up serenely in the wound, apparently coaxing for its freedom, but, being healthy, was required to do further duty or mischief as the case might be. The broad ligament was clamped, ligated in sections close to the uterus and cut. The tumor was then removed as completely as possible with the scissors.

The tumor contained a dark, sanious fluid, the walls being of great thickness.

The abdominal cavity was filled with hot salt solution. The incision was closed in layers with catgut, the lower angle of the wound being left open for drainage, as it was thought that a large amount of oozing would necessarily take place. A pouch of gauze was carried down to the bottom of the wound and strips of gauze were packed into it. The operation lasted two hours. The patient bore the anæsthetic well and showed very little shock. precautionary measure, however, a pint of normal salt solution was thrown high up into the bowel. The patient was put into bed, surrounded by hot water bags and bottles. One hour after the operation the pulse was 96, full and regular.

The subsequent history of the case was uneventful except that on the sixth day the wound failed to drain, owing to the discharge becoming purulent. A drainage tube was then resorted to.

At the present time the patient is sitting up, but still has a slight discharge from the wound which promises to cease soon. There has been absolutely no abdominal pain or discomfort. Strychnin and cascara sagrada have been used daily to overcome paresis of the bowels.

A portion of the tumor was sent to

disease, cess of di. Dr. Cline of the pathological department of the New York Post-Graduate

School for examination. He pronounced it a fibroid tumor.

The Influence of Biliary Acids Upon Surface Tension.*

BY C. D. SPIVAK, M. D., DENVER, COLO.

(From the Clinical Laboratory of the Denver College of Medicine, Now the Denver and Gross Medical College, University of Denver.)

Hippocrates noticed that when vomited matter comes in contact with marble it effervesces. It took more than twenty centuries to find the explanation of this phenomenon—namely, that marble, calcium carbonate, an alkali, dissolves with effervescence in stomach contents, containing an acid.

We wonder how such an acute observation of a master mind could have lain dormant so long, and had to be rediscovered. In order to keep up our dignity we plead that we are not to blame for this oversight; for sooth Hippocrates recorded his observations in Greek and did not provide his works with a comprehensive index. What excuse, however, can we plead in the following case,-not a hypothetical one. Here is a book written in the English language, used as a text-book in hundreds of medical colleges in England and the United States, studied by thousands of students during the last two decades, and this text-book records in clear and unmistakable terms a remarkable observation which nevertheless has escaped the attention of the professors, students and the medical profession at large, and which had to be brought to our cognition through the medium of the French language only about a year ago Let me relate this case of literary amblyopia:

Two papers appeared in the Journal de Physiologie et de Pathologie General, in 1901 (tome iii, pp. 99, 151. Ibid, p. 461) by Frenkel and Cluzet, and Chauffard and Gouraud respectively, in which a new test for bile acids in urine is described. The discoverer of the test is supposed to be a man named Haycraft. The test is a simple one. It consists in sprinkling flowers of sulphur on urine, and if it contains bile the sulphur will sink to the bottom. This phenomenon attracted a great deal of attention, and the question naturally arose: Who is Haycraft? It took about one year to find out that Havcraft is a myth, and that the author of the observation is Matthew Hay, professor of legal medicine in Aberdeen and, furthermore, that this observation is recorded as a private communication on page 294, in the Text-Book on Human Physiology by Landois and Stirling, second edition, published by

^{*}Read before the Colorado State Medical Society, Pueblo, Colo., June 24-26, 1902.

Blakiston Son & Co., 1886, and in a somewhat abbreviated form in all subsequent editions. Thus it will be seen that an observation made by an Englishman, and recorded in a text-book that was before the medical profession for sixteen years, had to come back to us percolated through the French language and in the form of a stunning discovery of a man named Hayseed or Haycraft. Who knows how many more valuable observations are contained in our text-books which we know not. Verily we have eyes and see not.

From the time I learned of this test from an abstract in the Progres Medicale, about a year ago, I have made numerous experiments on urine, and have applied this test to the study of bile acids in feces and stomach contents. The more I study this phenomenon the more wonderful and inexplicable it appears to me. A pinch of flowers of sulphur thrown on water or bile-free urine will float for weeks on the surface. On the addition, however, of one drop of bile to a quart of water the sulphur will at once sink to the bottom. We are all so accustomed to the wonderful play of colors in our various qualitative analyses that we no longer stop to marvel at them, but this test is so different in its nature from all other known modes of analytical procedures, and its sensitiveness is so extraordinarily great, that it almost borders on the miraculous.

Permit me to present a summary of the investigation with this test.

Professor Hay found:

1. The test is based upon the law of surface tension.

- 2. The reaction is due to the presence of bile acids, and not to any other constituent of the bile.
- 3. One part of glycocholic or taurochloric acid in 120,000 parts of water lowers the surface tension of water, and sulphur will sink to the bottom.
- 4. No other substance in the body except soap has the same action as bile acids.

Since the original papers in the French journal referred to above were not accessible to me, I am obliged to draw upon the editorial in the *Journal* of the American Medical Association (March 23, 1901, p. 820) for information relative to their investigation.

- 1. Acetic acid, alcohol, ether, chloroform, essence of turpentine, benzoin and its derivatives, phenol and its derivatives and anilin also cause the sulphur to precipitate.
- 2. All fluids with a surface tension greater than 50 dynes per centimeter do not allow sulphur to fall, and in all fluids with a tension less than 50 dynes, the sulphur rapidly settles.
- 3. Lycopodium bears the same relation to fluids with a tension of 30 dynes as flowers of sulphur to fluids with a tension of 50 dynes.

In my own experiment's I have noted the following:

- 1. The specific gravity of the fluid has no influence upon the accuracy of the test.
- 2. The reaction of the fluid has no effect upon the test.
- 3. In order to obtain correct results, the fluid must be clear. Cloudy or turbid urine must be filtered.

- 4. The urine must be free from bubbles.
- 5. Urine examined immediately after it is voided gives invariably the reaction for bile. This was a source of great annoyance to me until I found out that heat reduces surface tension. The urine must therefore be cooled off before the test is made.
- 6. In several cases where the reaction for bile pigment by Gmelin's test could not be obtained, the presence of bile acids could be demonstrated by the sulphur test.
- 7. In a case of syphilis of the liver the urine gave the reaction for bile acids.
- 8. The urine of several patients in advanced stage of tuberculosis with swelling of the lower extremities gave the reaction for bile acids.
- 9. The stomach contents of a patient that I removed on several con-

secutive mornings and which consisted entirely of bile did not give the sulphur reaction.

10. After having experimented with more than 150 different powders I have found that boracic acid, iodoform, acetanelid, salol, calomel, salicylate of bismuth and salicylic acid possess the property of lowering surface tension, only in a feebler degree than that of sulphur.

I shall not theorize as to the probable effect bile acids have on digestion by virtue of their ability to lower surface tension. I have not yet reached the point in my experimentation that will warrant the making of any positive assertion. I wished merely to call your attention to a new test for bile acids, the simplicity, accuracy and sensitiveness of which should gain for it universal application, and induce others to further investigation.

The Cæsarian Section, with Report of Three Cases.*

BY T. MITCHELL BURNS, M. D., DENVER, COLO.

The synonyms, definitions, history and indications (for the ordinary, the Porro, the vaginal and the post-mortem Cæsarian section) will not be considered except that a few of the new indications for the classical Cæsarian section may well be mentioned, viz.: eclampsia or placenta previa with rigid cervix, short cord or large double monsters diagnosed by hand in utero.

Time—A few days before the expected labor is best, because then perfect readiness can be obtained and the cervix will be found sufficiently open to allow perfect drainage.

The Technique—The preparation is the same as for a hysterectomy, plus a three-foot piece of wide pure thin rubber tubing, a hypodermic syringe filled with aseptic ergot, a sterilized uterine

^{*}Read before the Colorado State Medical Society, Pueblo, Colo., June 24-26, 1902.

tenaculum, dilator and irrigator, one large sponge to prevent any fluid entering the abdomen and sutures for the uterine wound. The operator should have two assistants, two nurses, or better, three, and the anesthetizer.

The abdominal incision is begun just below the navel and extended down as low as possible without injuring the bladder. This incision sometimes has to be carried up past the navel.

The uterus is brought out of the abdominal cavity by passing the hand behind the fundus and carrying the left border, which is already turned forward, out first. This lessens the width of the uterus as it passes through the incision.

The uterine blood supply is cut off or lessened to prevent hemorrhage by encircling the uterus below the ovaries with the rubber tubing. Only half a knot is loosely made and this is gently tightened or loosened as needed. Some, instead of using the tubing, have an extra assistant ready to grasp the broad ligaments near the uterus or to twist the uterus on its longitudinal axis if necessary to stop the bleeding.

The uterine incision is made in the median line of the upper segment, care being used not to cut the lower segment on account of its poor retractile power. A few cut transersely across the fundus, but the value of this has not yet been proven.

If the situation of the placenta is diagnosed on the anterior wall, the incision is made to one side of the placenta, but if not diagnosed and, after cutting, the placenta is found in the incision, it is rapidly cut through or one

side of it is detached and the whole placenta pushed out of the way.

Delivery of the fetus is affected by traction on the end of the fetus which presents at the opening.

Tying or compressing the cord with artery forceps and cutting before delivering the placenta has been the rule, but considerable time can be saved by grasping the fetal surface of the placenta at the insertion of the cord and separating the placenta from the uterus immediately after the delivery of the child. By this method time is not only saved for the mother, but for the child, as it can be placed in hot water and artificial respiration begun at once.

A hypodermic injection of half a dram of aseptic ergot and a one-thirtieth grain of strychnine is given as soon as the placenta is delivered.

Uterine irrigation is not necessary if the placenta is delivered as mentioned above, as nothing has touched its walls except at the site of the incision, and it would be better to mop this with sterile gauze. If the placenta has to be separated from the uterine wall by contact with fingers then the uterus is irrigated with normal-salt solution or plain water, the flow passing out of the vagina or onto the abdomen below the incision.

Normal salt solution is injected into the breasts if there is any weakness or hemorrhage.

The uterine incision is closed by the Lembert method, heavy silk being used for the deep muscular stitches and light for the superficial peritoneal stitches. Some use well chromatized catgut instead of the silk.

The tubing is removed as soon as the uterine sutures are placed and if any hemorrhage occurs is reapplied and the weak point sutured.

The uterus is replaced into the abdominal cavity and the omentum pulled down in front to prevent any adhesions between the uterine and abdominal walls.

The abdominal wound is closed as for any abdominal section.

The after treatment is as for any section, except that a half dram of ergot and one-thirtieth of a grain of strychnine is given hypodermically or by the mouth every four hours if necessary and the usual lying-in treatment. In case of some hemorrhage a hot uterine douche might be very beneficial, but care would have to be used not to project the irrigator through the uterine cut.

The technique of the Porro-Cæsarian section is the same as for the ordinary Cæsarian section until the fetus and placenta are remoed, then the uterus is removed completely or supra-vaginally amputated. When a complete hysterectomy is performed the uterine arteries are first ligated (great care being used not to include the uterus) then the cervix is separated from its vaginal attachments, any bleeding points ligated and all the long ligatures and their stumps are pushed into the vagina and the peritoneum united above them as in an ordinary hysterectomy. When the supra-vaginal method is used a wedgeshaped piece is cut out of the stump and the peritoneum united above it.

Case I.—Carcinoma of the cervix, Porro-Cæsarian section, death of fetus,

recovery of mother from operation, but death nine months later from return of the cancer.

Mrs. E., age 35, married thirteen years, one miscarriage, three labors, the last five years ago, never had any uterine or other disease until this year, when she began to suffer from pain in the right groin and bearing down and, during pregnancy, "tenderness in the mouth of the womb and lower abdomen." bleeding from the uterus off and on for six weeks before labor. Membranes ruptured spontaneously May 7. May 8 she was examined by Drs. Mc-Kibben and Hazlett of Creede, who diagnosed carcinoma of the cervix and sent her to St. Anthony's Hospital. May 10, three days after the rupture of the membranes, she arrived at the hospital, temperature 99.4°, pulse 104, position of fetus right occipito-posterior, uterine contractions of short duration, fetal heart sounds regular but faint, cervix carcinomatous and dilated nearly two fingers.

Because of the extensive involvement of the cervix and the cervical rigidity the Cæsarian operation was selected.

With the idea of performing the operation as rapidly as possible, Dr. A. H. Williams rendered the patient aseptic. Dr. Hawkins made the abdominal incision and lifted the uterus out of the abdomen, I made the uterine incision, cut through the placenta and extracted the fetus, and Dr. Williams clamped and cut the cord. Dr. S. T. Brown assisted by grasping the round ligaments as soon as the uterus was taken out of the abdomen to prevent

hemorrhage. The uterus was removed by Drs. Hawkins and Brown, while Dr. Williams and myself tried to resuscitate the child. The weak condition of the fetus was due to the previous flowing, the premature escape of the liquor amnii and the consequent retraction of the uterus upon the fetus.

Time from the start of the abdominal incision until the child was extracted three minutes, until the uterus was removed, thirteen minutes.

After the operation the patient was in very good condition. The lying-in would have been normal had not the right ureter been cut during the removal of the uterus. At times the urine escaping from this ureter would accumulate in the remains of the broad ligament and cause fever until drainage was established. Several months after the operation symptoms of returning cancer were present and nine months subsequent to the operation the patient died. If this operation had been performed sooner it would have saved the life of the child, but as it was, it saved the mother much suffering for removal of cancerous tissue always lessens the pain.

Case II.—Eclampsia, terrible fall, several severe fractures, premature labor, rigid cervix, Cæsarian section as a last resort, death of fetus before operation, death of mother ten hours after section.

Mrs. N., multipara, while hanging clothes from an upstairs porch was taken with an eclamptic convulsion and fell to the ground, fracturing both thighs and one arm. At 2 p. m., March 18, 1902 (about one hour after the fall),

she had had three convulsions, complete coma, pulse 104, urine contained a slight amount of albumen. Just sufficient chloroform was given to keep the patient quiet. This stopped the convulsions but severe uterine contractions continued, which, upon lessening the chloroform, caused the patient to throw her broken limbs about. Morphine, 1/2 grain, with atropia was given every half hour for three doses and each time after its administration the pulse, which was getting fast rapidly, seemed to slow a little for a while. Because of the severe uterine contraction I tried to dilate the cervix, but could only introduce three fingers. Membranes were ruptured but the contractions did not

At 4 p. m. I decided that, as the stupor did not clear up, pulse being 150 and weak, and because severe pain continued, the only help to be given was to cut the cervix at the internal os and do a craniotomy or a Cæsarian After consulting with Dr. Elder, one of the attending staff at the County Hospital, we selected Cæsarian section, as in incising the cervix there would be great danger of hemorrhage and infection, and because of the time a craniotomy would require through such a small opening. abdomen was opened, the uterus lifted out, the lower segment surrounded by a piece of wide pure rubber tubing half tied to prevent hemorrhage, normal salt solution injected into the breasts, the uterus incised, the membranes cut through, the fetus lifted out, the cord clamped by hæmostates and cut, the placenta grasped at the insertion of its

cord and easily detached, the uterus irrigated from above, the uterine incision closed, the omentum placed in front of the uterus and the abdominal incision sutured. Drs. Elder and Arndt assisted in the operation and Dr. Elder sutured the uterine and abdominal incisions.

The uterine blood supply was perfectly controlled by the tubing. patient seemed to improve from the first touch of the knife into the uterine wall and some time after the operation became partially conscious and there were no signs of hemorrhage, but at about 2 a. m. the patient went into collapse and died.

If the Cæsarian section had been performed as soon as the patient was under the anesthetic at 2 p. m., it is possible that both the mother and child might have been saved, but the grave shock and traumatism which the patient sustained by the fall makes this very doubtful.

The immediate reaction following the uterine incision seemed to indicate the value of uterine relaxation in eclampsia.

pelvic outlet contracted, Cæsarian section, recovery of mother and child.

Case III.—Ankylosis of right hip, It has been claimed that at the United States Army General Hospital at Fort Bayard, N. M., they cure consumption in any stage. While this statement is liable to cause a considerable degree of misunderstanding, still it may be accepted that their results are

Miss —, primipara, history unknown, operation performed 4:30 p. m., December 12, 1901, at St. Anthony's Hospital, operation performed by Dr. Hawkins, assisted by Drs. Burns and C. E. Cooper. After the uterus was taken out of the abdominal cavity a pad made of sterilized rubber damm, absorbent cotton and gauze shaped to fit close behind the uterus was placed in position to prevent any fluid entering the abdomen, a thick strong piece of ordinary syringe tubing was placed around the lower uterine segment. As soon as the uterus was incised the fetus and placenta were lifted out one after the other without tying and cutting the cord, and placed together in a bowl of warm water and the child easily resuscitated. Everything else was done as in the second The rubber tubing used, being rough and poorly elastic, cut the peritoneal covering of the lower uterine segment, and a stitch was taken. Nothing but pure soft white rubber tubing should be used.

Immediately after the operation the pulse was 120, rapid and full. The patient and child recovered as after an ordinary labor.

exceedingly satisfactory. A large element in this is, undoubtedly, the strict military discipline which is maintained. The patients' lives are absolutely regulated for them and the strictest care and supervision exercised.

THE COLORADO MEDICAL JOURNAL

AND WESTERN MEDICAL AND SURGICAL GAZETTE

A Monthly Journal for the Medical Profession of Colorado and Adjoining States.

WM. N. BEGGS, A. B., M. D., ALLISON DRAKE, Ph. D., M. D., and CLARENCE L. WHEATON, M. D., **Editor and Publisher** Associate Editors

DEPARTMENT EDITORS	
Respiratory and Circulatory Organs	A. S. TAUSSIG, M. D. C. D. SPIVAK, M. D. WM. N. BEGGS. A. B., M. D.
Neurology and Alienism	B. OETTINGER. M. D.
SURGERY General Surgery Ophthalmology and Otology Laryngology and Rhinology Gynecology and Obstetrics Diseases of the Genito-Urinary System	
LOCAL EDITORS:	
Colorado Springs, ColoFrank L. Dennis, M. D. Pu Cripple Creek District, ColoM. D. Gibbs, M. D. Fort Collins, ColoP. J. McHugh, M. D. France, Colo	eadville, Colo Sol. G. Kahn, M. D. ueblo, Colo H. A. Black, M. D. rinidad, Colo James Gill Espey, M. D. argo, N. D. Edward Chase Branch, M. D. eno, Nev A. E. Hershiser, M. D. ss. Cruces. N. M. J. Frank McConnell, M. DW. M. Griffith, M. D.

Subscription, \$2.00 Per Year.

Single Copies, 25 Cents

ORIGINAL ARTICLES, CLINICAL REPORTS, CRISP EDITORIALS. SOCIETY REPORTS. CORRESPONDENCE.

Invited from the Western States of Utah, Wyoming, New Mexico, Kansas, Nebraska, Arizona, but particularly from Colorado.
All matter intended for publication in the next issue should reach the editor by the first of each mouth. Each contributor of an article will receive ten copies of the Journal containing his article, upon appli-

reasonable number of illustrations will be furnished by the Journal free of charge if suitable drawings or photographs are supplied by the authors.

Address all communications to

THE COLORADO MEDICAL JOURNAL, 133 W. Colfax Ave., Deaver, Cel

Vol. VIII.

DENVER, COLORADO, NOVEMBER, 1902.

No. 11

EDITORIALS.

THE DEATH OF DR. WILLIAM R. WHITEHEAD.

At the last meeting of the Colorado State Medical Society Dr. William R. Whitehead, an ex-president and honorary member of the society, read a paper with the statement that it would probably be his last contribution to the society. He and his many friends

probably little suspected that that occasion would be his last attendance upon its meetings, yet such was the case. His earthly career was ended October 13. 1002. His death was the most desirable in kind which could have come. Feeling tired in the afternoon he lay down to sleep and never woke.

Dr. Whitehead had enjoyed most excellent health for one of his age. He

Digitized by Google

had had, however, a mild affection of close of the war he received his disthe heart during the last couple of years, but neither he nor his family had reason to anticipate so early a termination. Indeed he was expecting to start for a trip to Europe during the same week.



Dr. Whitehead's career is one which is vouchsafed to but few. A descendant of an old and most honored family. he had many advantages of wealth, position and opportunity. He graduated from the Virginia Military Institute at Lexington, Va., in 1851. then studied medicine for a year in the University of Virginia, going from there to the University of Pennsylvania when he took his degree. Therefrom he went to Paris, where he remained a year and then spent several months in Vienna. The Crimean war being in progress, he volunteered as surgeon in the Russian army, being sent to Odessa and then to Sebastopol, where he was under the direct orders of Pirogoff, the greatest Russian surgeon of that time. Shortly before the

charge and was decorated with the cross of Knight of the Imperial Order of St. Stanislaus. He then returned to Paris to resume his studies and received his degree in 1860. Thereupon he returned to New York and became professor of clinical medicine in the New York Medical College.

On the outbreak of the civil war, Dr. Whitehead volunteered and was appointed first lieutenant of a battalion in the confederate army. The batallion was not formed and the doctor became surgeon of the Forty-fourth Virginia infantry. He was promoted to senior surgeon of brigade and acting surgeon of division. During the last years of the war he was a member of the examining board in South Carolina. After the battle of Gettysburg he was taken prisoner and confined at Fort Henry, from which place he escaped. Returning to Virginia he was married to his consin.

After the war he returned to New York and practiced surgery. In 1872, account of the failing health of himself and son, he removed to Denver. He took part in the founding of the medical department of Denver University and also of the State University, in both of which schools he successively held the chair of anatomy. He has been president of the Colorado State Medical Society and at the meeting of 1901 was made one of its honorary members. At the time of his death he was president of the Sons of American Revolution. the adopted the following memorial:

"This society records the profound

sense of its appreciation of the honor which the presidency of Dr. William Riddick Whitehead has conferred upon it. He was the loved leader we all delighted to follow—a life member of the Colorado Society of the Sons of the American Revolution-a soldier, whose distinguished services on the staff of Prince Gortschakoff in the Crimean war merited the extraordinary honor of the Order of St. Stanislaus from the great Alexander the Second: also a soldier in a great war on this western continent, whose hands dressed the wounds, and whose loving arms tenderly carried from the field of Chancellorsville his wounded chieftain. Stonewall Jackson, to die despite the love that would have freely offered itself, that the idol of the people might live—an honored professor for seven years of a great medical college in New York city; the honored president for several terms of the Colorado State Medical Society: the manly, magnetic American whose manhood was full of rich, red blood; a doer of things and not a dreamer, "always pleased with his own world and hating only sham and cant;" an ardent lover of our united Union; a Chevalier Bayard, our knight among us without reproach, Dr. Whitehead, whose death we sincerely deplore, in every relation was a man whose sense of right towards his fellow man and of duty towards his God, was ever set at the magic hour of high twelve.

"'Tell Emerson how I love him,' said Charles Sumner in his dying hour.

This was the loving and considerate spirit of our president in his very last thoughts and words, as to a fellow compatriot he wrote and spoke of our society. And then with his head resting so naturally on his hand, he closed his eyes, and 'God's finger touched him and he slept.'"

He leaves a wife, two sons, Charles B. and Frank Whitehead, and a daughter, Mrs. Florence Allaire of Plattsburg, N. Y. Rewarded with reputation and position during life, he leaves to his family a heritage of honor and esteem of which they may well be proud.

DEATH OF DR. J. J. POWERS.

Dr. J. J. Powers, for the past thirteen years a prominent physician of Denver, died at Santa Monica, Cal., October 3, 1902.

Dr. Powers was born in Olean, N. Y., 45 years ago. He graduated in medicine from the Baltimore College of Physicians and Surgeons in 1882. He began the practice of medicine in Olean where he remained about seven years; then on account of failing health he removed to Denver and soon built up a large and lucrative practice. He was a member of the American Medical Association, the Colorado State Medical Society and the Denver and Arapahoe Medical Society, and had attained a very noted and enviable position among his fellow practitioners.

PROGRESS OF MEDICINE.

Diseases of Digestion.

Conducted by C. D. Spivak, M. D., Denver, Colo.

AN INDEX TO THE AMERICAN MEDICAL PERIODICAL LITERATURE FOR THE FIRST HALF OF THE YEAR 1902.

The writer does not claim that the index is complete. But it certainly records the most important articles on the subject of diseases of the digestive organs that have appeared in the best medical periodicals in the United States and Canada. One who is interested in the subject, or who wishes to do some research work, will find this index, in the absence of the Index Medicus, a valuable aid. One can hardly realize what an enormous activity is going on in the medical world, what an avalanche-like quantity of scientific work (and also trash, unfortunately) being done unless some sort of a grouping and classification is made of the medical sciences during a given period. A perusal of articles' as given below brings out the fact that the surgeons are the most prolific writers and that the appendix still occupies the place of honor, since 48 entries are credited to this troublesome and good for nothing anatomical superfluity. The bladder is a good second, with 42 entries in its favor, and the liver follows behind with only 33 entries. Surgery of the intestines exceeds that of the stomach by 5, the former hav-

ing 25 and the latter only 20 entries. If we add 18 entries on obstruction of the bowels and 6 articles on perforation in typhoid fever, surgery of the intestines will swell to the respectable number of 49 entries. Add the 48 entries of appendicitis, and we can calculate the amount of work and worry and fees the guts give to the surgeons. We are glad to record that dietetics and infant feeding are represented by 15 entries each. The question of the use and abuse of alcohol is treated in 13 Diseases (non-surgical) of the stomach and of the intestines share almost equal honors. The dyspepsiæ number 20, gastroptoses 7, hour-glass stomach 2, and gastric ulcer (two or three articles on the surgery) 7 entries. Dysentery takes the lead by 14 entries, the study of feces 2, to which should be added 9 entries on bacteriology and 3 on helminthology; various intestinal disorders 8, constipation 3, diarrhea 7, and enteroptosis 6. The rectum claims 18 entries, whereas the tongue, mouth and palate put together show only 8. The pancreas is studied by 7 authors, peritoneum by 6, and the poor spleen is the only organ that has a solitary exponent, being represented by but one Physiology of the digestive tract and methods of diagnosis are well taken care of, 32 entries being devoted to these important subjects. There remains to be mentioned only vomiting in pregnancy, 5 entries, and ascites 3 entries.

PHYSIOLOGY. DIAGNOSIS.

Baughman, Greer. The physiology of proteids. Virg. M. S—M. March 21.

Becker, Wilhelm. A simple and accurate method of outlining the stomach. J. A. M. A., June 14.

Benedict, A. L. Chologogues. Therap. Gaz.

Benedict, A. L. Notes on the tests for gastric acidity; the tungstate method for combining chlorides. Am. Med., June 7.

Bleyer, A. S. Variation in the production of hydrochloric acid in the infant stomach from various foods. St. Louis Cour. M., April.

Cammon, W. B. The movements of the intestines studied by means of the Roentgen rays. J. Med. Res., Jan.

Chase, Richard F. On the value of modern methods of diagnosis of gastro-intestinal diseases. B. M. S. J., Feb. 20.

Chase, R. F. Some gastric conditions as found in forty healthy persons. P. M. J., June 14.

Crile, Geo. W. On the effect of severing and of mechanically irritating the vagi. J. Exp. M., March.

Crofton, Alfred C. Some experiments of bile acids. P. M. J., Jan. 18.

Crofton, Alfred C. The function of the soluble ferments of the blood in intracellular digestion. J. A. M. A., May 3.

Drake, G. W. Physiology and

Pathology of Metabolism. Virg. M. S. M., March 21.

Drayton, Henry S. The nervous relations of the nutritive system. J. A. M. A., Jan. 24.

Emerson, C. P. Extent of gastric digestion in cases of carcinoma of the stomach. Bull. Johns Hop. Hos., Apr.

Gilbert, Geo. A. The influence of the appetite in digestion. N. E. M. M., March.

Hopkins, E. Guy. Practical results from examination of stomach contents. Atlanta Jr. M., March.

Jackson, Henry. Some points of value in the diagnosis of diseases of abdominal organs. B. M. S. J., Feb. 27.

Jung, Franz A. R. The work of the digestive glands (Pawlow) and estimate of pepsin digestion by modern instruments of precision. J. A. M. A., May 10.

Jung, Franz R. A. The frequency of heredity in gastro-enteric disturbances. A. J. M. S., June.

Knapp, Mark I. Some facts in the chemistry of the stomach with special reference to quantitative and qualitative analysis of organic acids in the stomach. Am. Med., March 22.

Knapp, Mark I. How to see the stomach curvature with our naked eyes. N. Y. M. J., Feb. 15.

Leonard, A. M. Care of stomach and bowels. M. Stand., June.

Lull, Cabot. Some points in diagnosis of diseases of the stomach. Ala. M. J., April.

Mays, Thomas J. The vagus reflex. B. M. S. J., Jan. 16.

Perry, Alfred W. The newest physi-

ology of digestion in relation to treatment. Pacif. M. J., March.

Potter, J. H. Some of the functional signs of diseases of the stomach. Medicus, Jan.

Rose, A. Splashing sound. Med. Standard, Jan.

Salisbury, J. H. The recognition of butyric acid in the stomach contents. Medicine, Feb.

Scherer, S. P. Diagnostic points in digestive diseases. M. S. Monitor, April.

Schmalhorst, M. D. Proteolysis. St. Louis Cour. M., March 29.

Thomas, George W. Eye-strain as a cause of intestinal disorders. Kansas City M. Index-Lancet, May.

Wood, Jr., Horatio C. On the effect of the digestion of gelatin on its styptic properties. Am. Med., May 3.

FOOD. DIETETICS.

Beard, R. O. The teaching of practical dietetics in medical schools. J. A. M. A., Feb. 1.

Benedict, A. L. Practical dietetics. M. Stan., April, May and June.

Benedict, A. L. Nutrition in emergent cases.

Haig, Alexander. Living on bread. J. A. M. A., Jan. 4.

Hichling, D. P. Rectal feeding. Virg. M. S. M., April 11.

Illoway, H. Importance of proper dietary regimen in the treatment of chronic heart affections and an attempt to formulate some rules therefor. A. J. M. S., March.

Kober, Geo. M. Milk, butter and butter substitutes in relation to public health. Am. Med., June 28.

Leffman, Henry. Food preservatives. P. M. J., June 14.

Maechel, J. R. Food preservatives; their use, non-use and toxicology. Kan. City Med. Index, April.

Mead, Ella. Dietetic treatment of chlorosis. Woman's M. J., Feb.

Noorden, Carl Von. Physical and dietetic treatment of valvular heart disease. Am. Med., March 24.

Ohlmacher, A. P. Upon an extensive outbreak of food intoxication and infection of unique origin. J. M. Research, May.

Ostrander, H. Y. Does it pay to give cod liver oil in consumption? Charlotte, M. J.

Ostrander, Henry Y. Cod liver oil and what it can do for our neuropathics. N. E. M. M., March.

Vaughn, Victor C., and Veenboer, W. H. Use of borax and boric acid as food preservatives. A. M. Med., March 15.

INFANT FEEDING.

Dessau, S. H. Contribution to the subject of infant feeding. Med. News, May 31.

Fitch, W. E. Artificial infant feeding. M. Mirror, April.

Freeman, Rowland I. Simple method for determining percentage of milk in home modification. Am. Med., May 3:

Griffith, J. P. C. Dietetic aphorisms for infant life. Am. Med., May 3.

Holliday, Wm. Z. Bottle-fed babies. Ped., Jan. 15.

Knox, J. H. M., and Bassett, V. H. An examination of milk supplied to infants suffering with summer diarrhea. Md. M. J., June.

Jacobi, A. Notes on cows' milk and tuberculosis. N. Y. M. J., Jan. 25.

Johnson, W. L. Dietary changes in infants and children. Med. Council, Jan.

Ramsaur, G. A. Infant feeding. Carolina Med. J., June.

Southworth, T. S. Feeding of children during their second year. Arch. Ped., May.

Townsend, C. W. The feeding of our incubator baby. Med. J. and Regist., Feb.

Visanski, Sam A. Artificial infant feeding. Ped., Feb. 15.

Waid, A. R. Milk production under hygienic condition. Occ. M. T., May.

Wentworth, A. H. Importance of milk analysis in feeding infants. B. M. S. J., June 26.

Winters, Joseph E. The food factor as a cause of health and disease during childhood. Med. Rec., Jan. 25.

Zahorsky, J. Problems in infant feeding. St. Louis Cour. M., April.

ALCOHOL.

Bisbee, A. H. The bearing of alcoholic stimulants in medical selection for life insurance. M. Ex. Pract., March.

Blake, Frances W. Some truths about alcohol. Columbia M. J.

Crothers, T. D. A history of text-book teaching of alcohol and narcotics in common schools. Q. J. I., Jan.

Crothers, T. D. Some obscure injuries following the toxic use of alcohol. Hot Sprgs. M. J., May.

Cutler, Ebb. G. Influence of alcohol on the human organism. B. M. S. J., March 13.

Demris, Frank W. Therapeutic

value of alcohol. N. Y. State M. J., April.

Hall, Winfield S. The relation of alcohol to living nature. Q. J. I., Jan.

Hewes, Henry F. Alcohol in therapeutics. B. M. S. J., March 13.

Kelynack, T. N. The reaction of alcoholism to tuberculosis. Q. J. I., April.

Long, J. W. Food value of alcohol. Carol. M. J., Jan.

Sangart, Geo. W. What is the true value of alcohol? Vt. Med. M., April 25.

Shattuck, F. C. Clinical estimate of alcohol. B. M. S. J., March 13.

Whittier, E. M. Therapeutic value of alcohol. B. M. S. J., March 13.

Woodhead, G. Sims. Alcohol as a factor in the causation of diseases. Q. J. I., April.

TONGUE.

Beffel, J. M. A case of leucoplakia buccalis. Chicago Clin., April.

Shambough, Geo. E. On sarcoma of the radix linguæ. A. J. M. S., Jan.

MOUTH.

Cunoston, C. G. Case of dermoid cyst of the mouth. A. J. M. S., March.

Fischer, Louis. A case of gangrenostomatitis. J. Exp. M., March.

Goldsmith, S. L. Hygiene of the mouth. Peb., Feb.

Neuhoff, F. Aphthous stomatitis. St. Louis Cour. M., April 5.

Robertson, Wm. Egbert, and Biedert, C. C. Ludwig's angina complicating typhoid fever. Penn. M. J., March.

PALATE.

Porter, C. A. Operation for cleft palate. B. M. S. J., Feb.

Raymond, Geo. A. Treatment of congenital cleft palate by mechanical appliances. B. M. S. J., Feb. 8.

ESOPHAGUS.

Calvin, A. R. A coin in the esophagus for five months. St. Paul M. J., June.

Howard, Wm. Frairs. Primary sarcoma of the esophagus and stomach. J. A. M. A., Feb. 8.

Knapp, Mark I. Report of five cases of ulcer of the esophagus diagnosed as pulmonary tuberculosis. Med. Rec., March 1.

Leavitt, Frederick. The removal of a twenty-five cent piece from a child's gullet after remaining there for nine months. St. Paul M. J., June.

Long, J. W. Foreign bodies in the esophagus. Charlotte M. J., Jan.

Peters, Geo. A. A case of fusiform dilatation of the esophagus without intrinsic stenosis; case of esophagotomy for foreign body. Canada Lanc., March.

Scott, N. Stone. Foreign bodies in the esophagus. Clev. M. J., March.

Strauss, H. On the so-called idiopathic dilatation of the esophagus. P. M. J., Jan. 25.

Taylor, Hugh M. Gastrostomy and retrograde dilatation in impermeable traumatic stricture of the esophagus by the valve saw-string method. N. Y. M. J., Feb. 8.

DYSPEPSIAS.

Barlow, W. Jarvis. Achylia gastrica. South. Calif. Pract., Jan.

Bethea, P. K. Anti-uric acid treatment in dyspepsia. N. E. M. M.

Carter, J. M. G. Diseases of the stomach. Med. Fort., March and June.

Chase, R. F. Report of a case of chronic continuous hypersecretion with hyperchlorhydria. B. M. S. J., June 19.

Einhorn, Max. Dyspeptic asthma. J. A. M. A., Feb. 1.

Einhorn, Max. Hyperchlorhydria. Am. Med., June 21.

Greenfield, E. J. Achylia gastrica with report of a case. Am. M. Compend., Jan.

Greenfield, E. J. Neurasthenia gastrica. Am. M. Compend., March.

Grigg, A. C. Hydrotherapy and nux vomica in chronic gastritis. M. Times, Jan.

Hemmeter, J. C. The use and abuse of digestive ferments. Med. News, June 7.

LeRoy, Bernard B. A study of cyclic vomiting. Therap. Gaz., June 15.

Lincoln, H. W. Nervous dyspepsia. Brook. M. J., March.

Marshall, G. G. Chronic gastritis and its treatment. Vt. M. M., March 25.

McCasky, G. W. Anemias secondary to gastro-intestinal diseases. J. A. M. A., March 29.

Moren, J. J. Nervous dyspepsia. Am. Pract. News, May 1.

Perry, Alfred W. Nervous gastric diseases. Pacif. M. J., Feb.

Read, Boardman. The place of drugs in the treatment of stomach trouble. P. M. J., Jan. 11.

Roberts, H. H. Gastric lavage. Am. Pract. News, April 15.

Salisbury, Jerome H. Prevalent mistakes in regard to diseases of the stomach. Chicago Clin., Feb.

Wormley, Wm. The treatment of chronic gastritis and gastro-intestinal catarrh. M. Age, April.

GASTROPTOSIS.

Hill, Emily A. Gasroptosis. Woman's M. J., March.

Jones, Allen A. Gastroptosis. Int. M. Mag., March.

McPhedran, Alex. Gastroptosis. A. J. S. G., Feb.

Rose, A. Gastroptosia the cause of symptoms erroneously attributed to heptroptosia. N. Y. M. J., June 21.

Rulison, E. T. A case of extreme gastroptosis. Am. Med., April.

Steele, J. Dutton. Diagnosis and treatment of gastroptosis. Penn. M. J., Jan.

Steele, J. Dutton. Gastroptosis and gastric motor insufficiency. M. J., Jan. 25.

HOUR-GLASS STOMACH.

Elder, J. M. Hour-glass stomach. Ann. S., May.

Goltman, M. Hour-glass stomach. Memphis M. M., June.

VOMITING IN PREGNANCY.

Brown, Everett J. The treatment of pernicious vomiting in pregnancy. Med. Fortn., Feb. 25.

Cecil, J. G. Pernicious vomiting in pregnancy. Louisville M. J. M. S., March.

Hickwir, A. H. Hygenic and medicinal treatment of pernicious vomiting in pregnancy. Med. Fortn., Feb. 25.

McKeown, Walter. Vomiting of pregnancy. Dominion M. Month., Feb.

Wright, J. A. Nausea and vomiting of pregnancy. A. M. Compend, March.

GASTRIC ULCER.

Andrews, E. W. A surgeon's view of gastric ulcer. Chic. M. Rec., June 15. Codman, E. A. Acute perforation of a malignant ulcer of the pylorus resembling a case of acute appendicitis. B. M. S. J., Feb. 27.

Fuetterer, G. Treatment of chronic ulcer of the stomacht. J. A. M. A., Jan. 1.

Fuetterer, Gustav. Consideration of a gastric ulcer and its pathology, diagnosis and treatment. Chicago M. Rec., June 15.

Patterson, J. C. Gastric ulcer and rheumatism. Med. Times, Feb.

Ross, J. F. W., and O'Reilly, E. B. Chronic ulceration of the stomach. Canada J. M. S., Feb.

Smith, T. C. Case of fatal hemorrhage due to ulcer of the stomach. Wash. M. A. M., March.

Stratton, R. T. A case of perforation of the stomach resulting from gastric ulcer. Occid. M. J., March.

SURGERY OF THE STOMACH. CANCER.

Biggs, Geo. P. A case of phlegmonous gastritis. Pr. N. Y. Path. S., Jan. Cardier, A. H. Gastro-jejunostomy

for stenosis of pylorus. J. A. M. A., March.

Cardier, A. H. Gastric-jejunostomy, post-mortem six years later. Kan. City Med. Index-Lan., May.

Eve, Paul. Gunshot wound of stomach. M. M. J., Jan. 7.

Fuetterer, G. Origin of carcinoma of the stomach from round ulcer of the stomach. J. A. M. A., March 18.

Fuetterer, Gustav. Etiology of carcinoma and auto-implantation of carcinoma cells of the stomach into the lung. Medicine, March.

Grant, J. A. Gastro-jejunostomy. Canada Lanc., May.

Hall, Ernest. Recurrent gastritis, gastro-enterostomy. Canada Lanc., March.

Jenkins, Wm. A. A case of cancer of the stomach. Am. Pract. News, Feb. 15.

Jessup, Geo. P. Gunshot wound of the stomach. Med. News, Feb.

Knapp, Mark I. Insufficientia pylori as sequela of chronic gastritis. P. M. J., May 24.

McGraw, Theo. A. Indications for gastroenterostomy and its technique. Med. Rev. Rev., Feb.

McPhedran. Gastroenterostomy in pyloric obstructions. Canada Pract. Rev., March.

Meyer, Willy. Two cases of gastroenterostomy with entero-enterostomy done with the aid of the elastic ligature (McGraw's method). Med. Rev., Jan. 25.

Mayo, Wm. J. Problems relating to surgery of the stomach. B. M. S. J., May 1.

Meserve, A. K. P. Some modern methods of diagnosis of cancer of the stomach. J. M. Sci., March.

Saunders, E. W. Pyloric stenosis in infants. Arch. Ped., April.

Thayer, A. E. Specimen showing result of gastro-enterostomy for carcinoma of the pylorus. Pr. N. Y. Path. S., Jan.

Turck, Fenton B. The immediate and remote causes of death in opera-

tions on the stomach. Chic. M. Rec., June 15.

Winslow, Randolph. Gunshot and stab wounds of the stomach. March 1.

FECES.

Higley, Henry A. Detection of typhoid bacilli in the feces as a diagnostic test of typhoid fever. Med. News, March 29.

Spivak, C. D. The diagnostic value of microscopic examination of feces. Denver Med. Times, March.

BACTERIOLOGY.

Berg, A. A. A case of systemic infection by a paracolon bacillus probably secondary to typhoid fever, with the clinical picture of acute cholecystitis. J. A. M. A., June 7.

Burch, J. Holcomb. Colon bacillus infection. N. Y. M. J., May 31.

Buxton, B. X. Comparative study of the bacilli intermediate between B. coli commune and B. typhosus. J. M. Research, June.

Lartigan, Jerome. The bacillus coli communis in human infection. J. A. M. A., April.

Libman, E. Bacteriologic study of a case of paracolon infection. J. M. Research, June.

Lyon, Irving. A review of echinococcus diseases in North America. A. J. M. S., Jan.

Mayer, Emil. Affection of the mouth with fusiform baccilus and spirillum of Vincent. A. J. M. S., Feb.

Moore, Veranus, and Wright, F. R. Observation on baccillus coli communis from certain species of domesticated animals. Am. Med., March 29.

Rosenberger, Randle C. The identi-

fication of colon bacillus by reaction produced in culture media containing neutral red. P. M. J., March 8.

HELMINTHOLOGY.

McArtland, Jos. A case of bothricephalus latus. Pr. Path. S. Phil., Feb.

Riesman, David. A specimen of bothricephalus latus. Medicine, Feb.

Schall, J. B. Worms in the intestine. Louisville M. J. M. S., Feb.

Stiles, C. W. A new species of hook worm (Uncinaria Americana) parasitic in man. Am. Med., May 10.

Stiles, C. W. First American case of infection with lamblia duodenalis. Wash. M. Ann., March.

INTESTINAL DISORDERS.

Ballard, J. C. Intestinal indigestion. Miss. M. Rev., March.

Curtin, Thomas H. Death following an enema. Med. Rec., April 19.

Friedlander, R. Indications for tannigen in medical practice. M. Age, May 10.

Leach, W. J. Asepsis of the digestive tract. Am. Prat. News, June 1.

Musgrove, Wm. E. Sprue or psilosis in Manila. Am. Med., March 8.

Orinby, C. E. Relation of intestinal toxemia to arterio-renal disease. N. Y. State J. M., April.

Zahorsky, John. Mucomembranous colitis in children. Interstate M. J., May.

CONSTIPATION.

Callaway, W. L. The treatment of habitual constipation. N. Y. M. J., March 8.

Felb, D. Unprecedented case of constipation. J. A. M. A., May 17.

Martin, Thomas C. New views on obstipation, mucous colitis and intes-

tinal autointoxication. Phys. and Surg., Feb.

DIARRHŒA.

Harris, H. L. Diarrhœa in infants. Columbia M. J., June.

Kerley, C. G. Treatment of summer diarrhœa. Arch. Ped., June.

Kerley, C. G. A further contribution to summer diarrhæa. N. Y. M. J., April 26.

Monroe, Geo. J. Diarrhœa. Cin. Lan. Clin. Feb., March 15.

Smithwick, J. W. P. Treatment of infantile diarrhoea. South. M. J., June.

Spohr, C. L. Diarrhœa in infants. Columbia M. J., June.

Storrs, Caryl B. The use of tannopin in the summer bowel troubles in children. Med. Dial, Feb.

ENTEROPTOSIS.

Aaron, Chas. D. Enteroptosis and pregnancy. Kan. City M. Index-Lan., May 23.

Clark, John G. Surgical treatment of enteroptosis. Penn. M. J., May.

Hemmeter, John C. Clinical and pathologic observation of enteroptosis. Intern. M., May and March.

Ingalls, Henry A. Splanchnoptosis and its surgical treatment. Ann. S., March.

Morris, R. G. General enteroptosis. Med. News, June 23.

Twick, Fenton B. Enteroptosis with special reference to displacement of the colon. Inter. M. Mag., March.

DYSENTERY.

Boston, L. Napoleon. Tropical dysentery. Therap. Gaz., April 15.

Cox, Allen E. Acute dysentery. Ala. M. J., March.

Dabney, T. S. Tropical dysentery.

Therap. Gaz., April 15.

Dapaquier, E. M. Dysentery in New Orleans. Therap. Gaz., April 15.

Fisch, C. Review of pathologic anatomy of amebic dysentery. **nterstate M. J., May.

Flexner, Simon. Etiology o. acute dysentery. Penn. M. J., April.

Flexner, Simon. Bacillary dysentery. Therap. Gaz., April 15.

Griffin, W. E. Specific dysentery. P. and S., March.

Hare, H. A. Treatment of dysentery. Therap. Gaz., April 15.

Harrison, W. G. Clinical thoughts concerning amebic dysentery. Mobile M. S. J., Jan.

McElroy, J. B. Amebic dysenter. Memphis M. M., April.

Myer, J. S., Endemic amebic dyse attery. M. Bull. Wash. Univ., April.

Osler, Wm. Amebic dysentery. Therap. Gaz., April 15.

Woodhull, A. A. Value of ipecac in dysentery. Therap. Gaz., April.

(To be concluded.)

Ophthalmology and Otology.

In charge of Melville Black, M. D., Denver, Colo.

OCULAR THERAPEUTICS.

Dr. W. J. Buchanan in the *Indian Medical Gazette* reports three cases of night blindness from conjunctival xerosis cured by the ingestion of about 8 ounces goat's liver fried in oil and spices. The cures were brought about in about ten days. His cases did not give evidence of much if any physical debility, and he concludes that it is not essential to the ocular disease.

Dr. O. Shirmer of Greifswald, in the Munch. med. Wochenschrift, reports 160 cases of perforating wounds of the eyeball. Out of this number of injuries 48 eyes were enucleated and 112 were saved. Sympathetic ophthalmia was not seen in a single instance. He attributes his good results largely to the administration of mercury by inunction during the healing process.

Dr. Ludwig Vermes, in the Wochenschrift fur Therapie und Hygiene des Auges, says the value of dionin is not to be questioned in diseases of the cornea not caused by a conjunctival affection, also in diseases of the iris and ciliary body.

Prof. Elschnig, in the Munch. Med. Wochenschrift, recommends massage in the treatment of trachoma, applied as follows: The massage is performed with a glass rod, on the end of which is wound a bit of cotton which has been dipped in a 1-4000 solution of oxycyanate of mercury. The rod is passed under the lid and rubbed well over the surface while pressure is made from without over the same point with the index finger. Sufficient force should not be used to injure the surface of the mucous membrane. In the beginning

of the treatment the massage should be practiced every day, and later every other day. The sittings should last five minutes.

Dr. Winzelmann, in Die Ophthalmologische Klinik, reports upon the use of subconjunctival injections of from a half to one Pravaz syringe full of 2 per cent salt solution for the cure of detachment of the retina. After the injection was made a pressure bandage was applied and the patient put to bed. The injections were made every other day. He reports three cases in all of which complete reattachment resulted. Reattachment was secured on the day following that of the injection. Some nine injections were given in each case. The strength of the salt solution (2 per cent) and the amount used (1/2 to

I Pravaz syringe full) are to be noted, as they both contributed very largely to the good results obtained.

ADRENALIN CHLORIDE.

Drs. W. E. Casselberry of Chicago, Emil Mayer of New York, Murray Mc-Farlane of Toronto, E. Fletcher Ingals of Chicago, in Parke, Davis & Co.'s Therapeutical Notes, July, 1901, all speak of it in the highest terms.

Dudley S. Reynolds speaks of it in the very highest terms. He has found it of distinct therapeutic merit in iritis, keratitis, cystitis, glaucoma. He has found it to cause clearing up of interstitial opacities in the cornea following contusions, and to modify favorably punctate keratitis in syphilitic iritis.

Gynecology and Obstetrics.

Conducted by Clarence L. Wheaton, M. D., Denver, Colo.

COMPLETE INVERSION OF THE UTERUS WITH PROLAPSE.

Dr. J. Edson reports the following case in American Medicine:

In August he was engaged to attend a primipara, who stated that her menses had ceased March 20, 1901. Upon examination he found a normal canal and an enlarged uterus. Examination of the urine showed urea 2.2 per cent, albumin none. Patient seemed perfectly well and he did not see her again until October. About the middle of December he was sent for and told that she had had three fainting spells

brought on by nervousness. She had fallen down several steps and the abdomen was very tender upon pressure. She had no headache and her pulse and temperature were normal. The urine contained 1.7 per cent urea and no albumin or casts. From that time on she complained of weight and soreness in the abdomen.

A month later he was again sent for and found the patient complaining of slight labor pains. The os was dilated and the uterus was quite high. He did not think that labor was commencing and therefore ordered patient to take one drachm of the fluid extract of viburnim prunifolium every four hours, the pain thereupon ceasing. days later the patient again complained of pain but the uterus did not contract. At the end of twenty-four hours the viburnum was again given but with Tincture of opium was no results. then added but with no effect. medicine was then stopped for a few days when 15 grains of quinine sulphate was given to cause contraction of This caused slight conthe uterus. traction with dilatation of the os. same dose was repeated three days later with no result. All remedies having failed to give the patient any permanent relief, dilatation was attempted by means of a Barnes' bag. He was finally able to insert two fingers into the uterus and it was found that the head did not descend much with each pain. manual dilatation, however, was continued until the head was expelled from the os. The pains were now quite severe, about three minutes apart, and of a minute duration. After waiting half an hour an examination was made and the head found in the same position. After the lapse of another half hour, another examination being made and no progress noted, the membranes were ruptured and the forceps applied. The head was brought to the pelvic floor and the child then delivered normally.

After waiting fifteen minutes it was discovered that the uterus was very low in the abdomen. Slight traction was made on what was supposed to be the cord and placenta, which popped out with profuse hemorrhage. Finding that the placenta was attached, the

hand was inserted in the vagina to free It was then found that the uterus was inverted and entirely prolapsed with the placenta adherent to its entire The placenta was detached and the uterus partially replaced, when the os contracted and it was impossible to replace the uterus further. The patient was pulseless and consultation was now called. A transfusion of 'a quart of normal salt solution was given under the breasts. The patient rallied and in half an hour the uterus was replaced. The patient made a tedious recovery. When she was able to walk the uterus would completely prolapse.

THE OPERATIVE REMOVAL OF TUBAL PREGNANCY PER VAGINAM.

Strassman, in the British Medical Journal, reviews the causes of extra uterine pregnancy, among which he mentions injury to the tube through inflammatory adhesions. polyps, and diseases in the vicinity, as ovarian cysts and myomas. Many instances of ectopic pregnancy take place soon after normal delivery in healthy women, while the tube through involution has lost some of its peristaltic power. Abnormal length of the tubes Perimetritis predismay be a cause. poses to ectopic gestation, also gonorrheal affections.

As to treatment, he prefers operation per vaginam whenever possible as less likely to cause future sterility. Scanzoni gives a table from the Leipsic Hospital showing that after laparotomy 17 per cent conceived and after operation per vaginam, without removal of the gestation sac, 55 per cent

conceived. Strassman would use the vaginal procedure in an intact unruptured tubal gestation in the early months, operating by expression or evacuation of the tube, but would hold it advisable to remove the tube in case of rupture and severe hemorrhage. For this method, the size of the tumor to be removed should not be more than that of the third or, at most, the fourth month. Laparotomy may be justified if the diagnosis is uncertain or in case of peritoneal perforation in appendicitis, etc., or in case of life-threatening hemorrhage. But it should be considered the exceptional procedure. The removal of a tubal pregnancy of middle of the term can generally be avoided and at an earlier period the vaginal method is preferable as more certain and less dangerous.

SODIUM BICARBONATE IN LARGE DOSES FOR THE VOMITING OF PREGNANCY. Morim (Bulletin General de Therapeu-

tique) prescribes from two to three drachms of sodium bicarbonate daily for the vomiting of pregnancy. quantity is placed in five or six cachets. one being taken in the morning upon rising, or in the middle of the forenoon. one in the afternoon and one before retiring at night. This causes the formation of carbonic acid in the nascent state and permits all the generated gas to be utilized. In cases in which unleavened bread is badly borne, 30 grains of sodium bicarbonate dissolved in half a glass of water may be substituted for a cachet. In thirty (30) patients thus treated the digestive disturbances disappeared rapidly. The hepatic manifestations so often present during and after gestation are greatly relieved by the alkaline medication even when these disorders do not depend upon the inflammatory state of the stomach, but are due to a mechanical cause such as compression of the biliary duct by the pregnant uterus.

Diseases of the Genito-Urinary System.

Conducted by Donald Kennedy, M. D., Denver, Colo.

GONORRHŒAL INFECTION OF THE PROSTATE.

John Van Der Poel, M. D. (Medical Record, February 22, 1902), believes that the posterior urethra is infected in one-third of all cases of gonorrhæa, but does not believe that the gonorrhæal infection extends to the prostate in these cases, as claimed by Finger. Gonorrhæal infection of the prostate may develop gradually, and

may be present in spite of the absence of subjective symptoms, and in spite of the clearness of the second urine. In most cases the signs and symptoms are more or less marked. On examination, the presence of many leucocytes in the massaged fluid is evidence of a prostatitis and seminal vesiculitis, even when the microscopical examination is negative.

Prophylaxis of prostatitis is synony-

mous with early and effective treatment of anterior urethritis. If the extension backward can be prevented only in a certain number of cases, the frequency of prostatitis can be reduced.

The author's treatment of acute urethritis giving the best results, consists of irrigations into the bladder of a 1/2 to 1/4 per cent solution of protargol, after anæsthetizing the mucous membrane of the urethra with 10 to 15 grains of a 1/2 or 3/4 per cent solution of cocaine in acute cases. About 200 to 400 grams of the protargol solution are injected directly into the bladder by means of a large sterilizable urethral syringe, with a soft rubber or a porcelain tip attached. This is repeated every twenty-four hours, with no intermediate hand injections by the patient Should the prostate become attacked, massage must be added to the irrigations.

E. Desnos, *Press Med.* (Paris, Oct. 29 to Nov. 8), thinks that the indications for this operation are along the same lines as for internal urethrotomy.

Both aim to remove the obstacles that have developed at the orifice or in the lumen of the passage. On the other hand, perineal prostatectomy bears more analogy to urethrectomy as its aim is to free the periphery of the passage by removing the masses of pathologic tissue which surround and compress it. The indications for the Bottini operation are therefore slight hypertrophy of the prostate, with the middle lobe protruding into the bladder, or with bars interfering with urination and entailing more or less retention. It is less successful in hypertrophy of the lateral lobes, and is not at all applicable for hypertrophy encircling the outlet of the bladder and the urethra. these cases of peripheral rather than orificial hypertrophy the result of the Bottini operation is insignificant and far from durable, while total prostatectomy is specially indicated. Infection of the urinary passages is not a contraindication to the Boftini operation unless long established, in which case an intervention allowing good drainage, such as perineal prostatectomy is preferable.—(Abstract from Jour. A. M. A., Dec. 6, 1902.)

SOCIETY REPORTS.

The Denver and Arapahoe Medical Society.

(This report appears in no other medical journal.)

The first regular meeting of the society after the summer vacation was held in the McPhee building, October 7, 1902. Dr. Freeman was a few minutes late and Dr. Levy called the society to order.

Dr. Hershey moved that the president

appoint a committee of three to draw up resolutions on the death of Dr. J. J. Powers.

The regular scientific program consisted of a paper by Dr. S. B. Childs on "X-Ray Therapy." After the paper was read a recess of ten minutes was taken to inspect the cases that came to the meeting to illustrate Dr. Childs' paoer..

Dr. Stover exhibited a case of epithelioma of the cheek which he had for some time been treating with X-rays.

After the recess Dr. Childs' paper was discussed by Drs. Bonney, Powers, Gallaher, Stover, Blaine, Hershey, Freeman and Childs.

Dr. Bonney told of his recent success in using antistreptococcic serum in cases of tuberculosis with mixed infection.

The president appointed Drs. Macomber, J. N. Hall and Stover to draw up resolutions on the death of Dr. J. J. Powers.

Dr. Stevens read the report of the committee appointed at a special meeting of the society to draw up resolutions on the death of Dr. George E. Tyler:

"The Denver and Arapahoe Medical Society, having sustained the loss by death of an honored and beloved member, Dr. George E. Tyler, hereby records this memorial as an evidence of the high esteem in which he was held by his professional colleagues.

"Comparatively young in years and having been actively engaged in practice but half a decade, Dr. Tyler had already made for himself a recognized place in an active and progressive group

The sterling qualities of industry, fidelity, personal integrity of high degree, honesty of purpose, loyalty to friends and devotion to principle were the well known causes of this early recognition by his co-workers. That the community in general had also begun to appraise him at the same high valuation cannot but be a source of some satisfaction to his friends and relatives even in this time of bereavement. The state of Colorado has lost in him a capable and energetic public officer who served the people well, because he magnified his calling and placed high his standard of attain-As an officer of the State Board of Health, as a teacher of medicine, as a scientific investigator, he brought an earnest student and the high ideals of a lover of his fellow-men."

The memorial was ordered spread upon the minutes.

Dr. Jayne moved that the president appoint a committee to draft a new constitution for the society to correspond with the plan proposed by the American Medical Association. The president appointed Drs. Jayne, Levy and Sewall.

On motion the society adjourned.

McPhee Building, October 21, 1902.

Dr. Freeman called the society to order.

Dr. F. Gillette Byles was elected to membership in the society.

Dr. P. F. Gildea of Colorado Springs read, by invitation, a paper on "Tubercular Grands of the Neck."

The paper was discussed by Drs.

Waxham, Powers, Levy, Gallaher, Grant, J. N. Hall, Beggs, Rogers, Edson, Freeman and Gildea.

The following five minute talks were given:

- 1. Dr. Holden exhibited a tubercular lung having a large and a small cavity. Fatal hemorrhage had taken place from the small cavity.
- 1. Dr. J. R. Hopkins reported Two Cases of Psychical Therapeutics.

Case 1.—I was called to attend a girl, age 8 years, four miles in the country, who had never been very ill previous to this. I found an apparently well marked case of caecitis or appendi-The temperature was 102°, pulse There were much pain and 100. tenderness in the right ilio-lumbar region, with no diarrhœa or vomiting. After satisfying myself of the diagnosis, on account of the severe pain I gave morphine hypodermically and ordered hot applications. The temperature and pulse kept up until the third day, when they both began to subside, and by the fifth day the evening temperature was normal. I used no morphine after the third day and began using laxatives.

At this time I learned that the patient had passed several round worms a few days before being taken ill. informed the mother that after the temperature became normal and the tenderness subsided I would treat her for the worms. I began giving the child santonine followed by laxatives. On the seventh day the child passed fifteen round worms, ascaris lumbricoides, measuring from 5 to 12 inches in length, five of which were knotted together. On the eighth day I administered more santonine and the laxative brought away four more round worms. On the eleventh day I gave santonine again with no results, and now supposed the patient would not need my services further, but three days later the father came to my office and said that the child was not well yet. was up and walking around the house during the day and eating well and did not complain of much pain except that in the evening, after they would all get to bed, she would commence complaining of pain in the abdomen and screaming until about all the family would get up and apply hot applications and otherwise keep themselves busy doing something for her. This would keep up for three or four hours until about I a. m., when she would go to sleep and sleep soundly till morning. Then she would not complain to any extent till the next evening, when she would have a repetition of the same pain with scraming.

I prescribed more santonine followed by castor oil, which did not bring away any more worms. I then prescribed bromids. The father came back to me four days later and told me of the negative action of the medicines. She had been just the same—complaining of much pain and screaming every even-I told him to bring her to my office, which he did. I examined her pretty thoroughly and made pressure over all parts of the abdomen, especially when she was not expecting me to do it and, finding no tenderness and her temperature normal, I inquired if she was not a nervous child. They said she

was. I came to the conclusion that her remaining trouble was cerebral. I told her in as positive a manner as I could that I thoroughly understood her case now and I could cure her at once and she could not have any more of those pains—that she would be all right when she went to bed that night if she took the medicine I gave her. So I gave her:

Compound tincture of cardamumDrachm ii
Hydrochloric acid dilute..Drachm ss
Aqua adOz. viii

Sig: Teaspoonful every three hours during day and evening.

Her pains did not return that night nor ever again—and everybody was satisfied.

Case 2.—A woman, age 30, well nourished, who had one child 8 years old, came to my office complaining of general weakness and said it was very difficult for her to do any work. She thought she was not strong enough. This weakness was somewhat spasmodic. She would feel quite well and fairly strong in the morning but soon after she started doing anything or when she was in the midst of some work this weakness would come on her suddenly. She would have to quit and it seemed almost impossible for her to work any more that day.

There did not seem to be any of the marked signs of hysteria. I could not find any disease of the pelvic or any other organs and her blood was normal. She had been treated by several good physicians without any benefit.

She had suffered from this spasmodic and general weakness occurring almost every day for two years. I at first treated her with tonics-principally strychnine and iron-with the hope of strengthening her and getting her well. After no improvement during weeks of ordinary treatment and being able to find no objective signs of disease. I decided to use psychical treatment. So on her next visit I told her I had been studying her case and now for the first time I was positive that I knew exactly what her trouble was: that there was a medicine that never failed to cure as soon as she began taking it, and that I was glad she was going to be all right after this. I gave her an eight-ounce bottle of the same medicine that I gave the other case and told her to take one teaspoonful four times a day. I had treated successfully several of her near relatives so that she had considerable confidence in me. Now I told her that I had no doubt at all about this curing her at once and that she would have no more weak The medicine would last her two weeks, so I told her to come back at that time. She came back, and as soon as she was in my office I said to her, "You didn't have any more of those spells, did you?" and she said "No." I repeated the medicine for another two weeks with the same effect-in fact I gave it to her for about three months with no return of the spells. I assured her every time that it was impossible for her to have them. She came back to me six months later and said she had had two or three spells of weakness lately. I gave her

one more bottle of medicine, which had the desired effect.

Dr. Hopkins' paper was discussed by Drs. Rothwell and Alexis Hamilton.

3. By Dr. Alexis Hamilton: Report of Two Peculiar Cases of Pneumonia, as follows:

To-night I am going to report two peculiar cases of pneumonia which I had in my practice this year. Some of you may have seen similar cases in your practice, but as far as I am concerned I have never seen cases of pneumonia like those two, nor was I able in searching through all the medical literature at my command to find any record of similar cases.

Case 1.—Mr. C., a negro, 26 years of age, was addicted to the use of morphine and cocaine. I mention his morphine and cocaine habit merely to show that his vitality was undermined, and hence would supposedly increase the seriousness of his disease.

I was called to see him about the 15th of last April. When I reached his place I found him suffering very much from pain near the nipple line. His temperature was 103½°, with a pulse of 100. His pulse was strong. On questioning, I found that he was taken with a severe chill two days previous. On inspection I found deficient movement of the affected side. Palpation revealed the vocal fremitus exaggerrated.

Percussion revealed dullness over the affected part, showing that there was congestion of the lung. The patient complained very much while percussing, telling me that it pained him more while doing so. His pain was also more

severe during the act of coughing.

On auscultation I found crepitant rales in abundance. As he was suffering much I gave him large doses of morphine and atropine. On account of his being addicted to the use of morphine and cocaine, it took very large doses to control his pain, more than it would be safe to give to an ordinary patient. I also prescribed for him a mixture of ammonium chloride, syr. pinialbi, syr. pruni virg. and syr. scillæ comp. I also gave him large doses of strychnia.

I called again next morning and found the symptoms about the same, also in addition found the rusty sputum, which symptom is pathognomonic of pneumonia.

I continued the same treatment and in addition gave him large doses of quinine. That same day I called again, about 6 in the evening, and found that the patient was somewhat improved. I kept him exclusively on liquid diet. On leaving I told them to give him the medicine regularly. His sister, on the other hand, told me not to call again unless they wanted me. That was Sunday afternoon I was Saturday. told that my patient died the previous I was not much surprised at the news because I know how quickly some die of pneumonia in this high altitude.

Sunday passed and no one showed up to have me sign the death certificate; neither did any one come to see me on Monday. I wondered how they buried him without me signing the death certificate, as I knew he had no other physician attending him. Tuesday I had

been having my office papered and needed some one to clean it up. While thinking where to get a man who should appear but my dead patient asking me to give him some work.

Case 2.—Mr. D. is about 45 years of age and a carpenter by trade. I was called to see him in the latter part of last August. I found him suffering with great pain. He could hardly breathe on account of the intensity of After having relieved the the pain. pain. I made an examination which revealed about the same kind of symptoms as Case I, except that it was not quite as much advanced. His sputum was streaked with blood which next day disappeared, but instead I found the well known rusty sputum. I gave him about the same kind of treatment as Case 1. The following day the symptoms rather increased, except that the temperature showed that morning only 102 1-5°. There was quite an area of consolidation. I kept up the treatment, with large doses of strychnia and quinine.

I called again in the evening of the same day and found to my surprise, instead of exaggeration of temperature, there was rather a remission, and the patient was feeling quite comfortable. I called again on the third day and found the patient sitting up in bed. On examination I found nearly all the symptoms had disappeared. The temperature was only 100½° and the pulse 90. There was still some dullness. The patient felt so much better that he told me not to call unless they sent for me. I called, however, on the fifth day and

found the patient not in bed, but sitting in the kitchen at his meal.

In each case I ordered strictly liquid diet.

I do not report these cases to show the efficacy of my treatment, but to show the strangeness and peculiarity of the symptomatically typical and true pneumonia.

Dr. Hamilton's paper was discussed by Drs. Wetherill and J. N. Hall.

4. Dr. Maddox reported a fatal case of puerperal eclampsia, which was discussed by Drs. T. M. Burns and Wetherill.

The committee appointed to draw up resolutions on the death of Dr. J. J. Powers reported as follows:

"It is with great sorrow that we record the untimely death of our late associate, Dr. J. J. Powers.

"By this event the society has lost an able and honored member. While modest and unassuming in character, his patrons recognized his natural force of character and professional skill. Only those physicians who saw his daily work in the sick room could appreciate the confidence he inspired in his patients.

"We extend our sincere sympathy to the family who are deprived of the counsel and companionship of a devoted husband and father."

This report was ordered spread upon the minutes of the society.

Dr. Rogers moved the appointment of a committe to draw up resolutions on the death of Dr. Whitehead. Drs. Rogers, Packard and Edson were appointed. Dr. Wetherill moved a vote of thanks be given by the society to Dr. Gildea. The motion was carried.

On motion the society adjourned.

The Cripple Creek District Medical Society.

(This report appears in no other medical journal.)

The Cripple Creek District Medical Society met in special session Tuesday, September 23, 1902, in the offices of Drs. Latimer and Deemer in Victor. The objects of the metting were to amend the by-laws changing the time of meeting from the second to the fourth Tuesday in each month and to discuss reorganization on the plan suggested by the American Medical Association and State Association. President Liggett occupied the chair and about a dozen members were present.

Under the head of "urgent business" the secretary, Dr. Gibbs, stated that he was about to leave the district and, therefore, tendered his resignation. The resignation was accepted and a resolution adopted thanking Dr. Gibbs for the efficient manner in which he had

fulfilled the duties of secretary during three consecutive terms (said resolution to be engrossed and presented to the retiring secretary). The chair appointed Dr. Cohen of Victor secretary pro tem.

The amendment changing the time of meeting was unanimously adopted.

The secretary then read the constitution and by-laws suggested by the American Medical Association for local societies and the matter was thoroughly discussed. A majority of those present favored reorganization on the proposed plan. It was thought best, however, to defer action on the matter and it was laid over for further discussion at the next meeting.

The society then adjourned to meet the last Tuesday in October.

M. D. GIBBS, M. D., Secretary.

The Boulder County Medical Society.

(This report appears in no other medical journal.)

The Boulder County Medical Society held its regular monthly meeting at the office of the president, Dr. E. B. Queal, in Boulder, October 4, at 8 p. m., the president in the chair. The members present were Drs. Baird, Cattermole, Gilbert, Jolley, Keyser, Mackey, Reed and Talbott.

Steps were taken and a committee

was appointed to secure a permanent home for the society where a medical library and a medical reading room for the benefit of the society and visiting physicians might be maintained.

The committee on legislation and public health, consisting of Drs. Gilbert, Reed and Coman, was appointed.

The paper of the evening was read by Dr. O. M. Gilbert on "Some Unusual

Aspects of Typhoid Fever, With a Report of Five Cases."

All the members of the society took part in the discussion which the paper called forth.

Dr. Cattermole then showed some pathological specimens. One was that of a six months' old fœtus that lived twenty-four hours after birth. An improvised incubator was used in this case, but its early death prevented its transferrence to the incubator at the The stomach, duodenum, pancreas and a piece of the liver of a child four years of age were also ex-The child had had trouble hibited. with digestion from birth. It had never been able- to eat as other children; a slight over-indulgence of the appetite would bring on acute indigestion with vomiting and fever. The father had chronic trouble of the intestines and has been operated on for appendicitis. A sister has feeble digestion. The child has always been constipated, requiring medicines and enemeta to move the bowels. He could digest animal foods easier than starches. His abdomen has always been distended, resembling that seen in rickets. For some months the legs have been weak with a tendency to bow. A year ago he had some hemorrhage from the bowels, thought to have been caused by taking some milk in which there was formaldehyde (used as a preservative).

The final illness began three weeks ago with severe pain in the head, vomiting, and a temperature of 104° F. On the second day of the illness there was a small amount of blood in the vomited matter. This appeared only twice, al-

though the vomiting continued until death. During this attack there was no blood in the stools. The child was given nutrient enemeta and only enough ice or water by the mouth to allay the intense suffering caused by thirst. Even this small amount of water was vomited. The fever subsided by the end of the first week but the child complained of pain in the region of the stomach. He gradually grew weaker and died without special symptoms.

Autopsy showed the child greatly emaciated. The abdomen was distended by gas. There was no fluid in the peritoneal cavity and almost no fluid in the alimentary tract. The gallbladder was distended and the adjacent tissues were stained by bile. The intestines seemed normal. The stomach was slightly dilated and on its mucous surface were faint hyperæmic spots but This same condition was no ulcers. present in the duodenum with the addition of deep staining with bile. The liver was enlarged and pale, showing hyperæmia on the surface and a greenish yellow on section. The spleen was normal.

The most striking anomaly was that presented by the pancreas, which was enlarged and very hard. The tail of the pancreas felt like cartilage and the head of the gland was nearly as hard. The color was a little darker than normal. Liver and pancreas are to be examined microscopically.

The child's feeble digestion and obstinate constipation since birth may have been due to faulty action of the pancreas. Dr. Cattermole found very

little literature on diseases of that organ, especially in infants and children. Probably more of the disturbances of digestion in both children and adults are due to disease of the pancreas than we are accustomed to ascribe to that organ.

The society adjourned to meet at the court house November 6, 1902.

Schedule of Minimum Educational Requirements of Medical Colleges Adopted by the Colorado State Board of Medical Examiners, October 7, 1902.

On and after January 1, 1903, no medical school will be considered in "good standing" which does not, as a minimum, require the following schedule:

CONDITIONS OF ADMISSION TO LECTURE COURSES.

First—Creditable certificates of good moral character signed by two physicians of good standing in the state in which the applicant last resided.

Second—As evidence of preliminary education, as a minimum requirement, a diploma or certificate of graduation from a high school, or a certificate signed by a principal of a regularly organized high school, or by the examiner of the faculty of a recognized literary or scientific college or university, or by the state superintendent of public instruction, or a superintendent of public schools, of having successfully passed an examination in all the several branches embraced in the curriculum of a four years' high school course. matriculation examination shall not be conducted by any member of the faculty of the medical college.

The Colorado State Board of Medical Examiners will require each appli-

cant for a state certificate to present documentary evidence of his preliminary education, together with his medical diploma, when applying for license on a diploma dated after January I, 1903.

The conditions above set forth will govern in the case of all persons admitted to the freshman year of a medical college in "good standing" on or after January 1, 1903.

ADVANCED STANDING.

Applicants holding the degree of A. B. or B. S., or an equivalent degree, from a regularly established college of arts or science, which requires an attendance of three or more years as an essential to graduation, may be given credit for work done in the branches of the medical curriculum of the first year and may be advanced to the sophomore year of a four years' medical course, on condition that htey comply with the entrance requirements of this board and that they subsequently complete the work of the freshman year if not already completed, and that the work already taken shall not be below the standard required by this board.

The same advanced standing may be

allowed on the same conditions to applicants presenting a degree from a recognized college of dentistry or college of veterinary medicine, or documentary evidence of having completed in a reputable university or college of arts or sciences the major part of the work usually embraced in the curriculum of the freshman course of a recognized medical school.

No such advanced standing shall be allowed until after the applicant shall have either graduated as indicated or performed the work specified above, and not until three months after the completion of said work.

The above requirements for advanced standing will govern in the case of all persons admitted to the sophomore year of a medical college on or after January 1, 1903, and may be made operative prior to that time.

Graduates of medical colleges recognized at any time by the Colorado State Board of Medical Examiners may be admitted to any class without examina-Students of said colleges who possess certificates of attendance and of successful examinations can enter without examination the term immediately following that previously attend-The student shall be required to pass an examination in all branches in which he has been found deficient. Students who have attended one or more full terms in colleges not fully recognized by this board may be granted advanced standing in accordance with such attendance, on complying with the entrance requirements set forth in the conditions of admission to lecture courses, and passing all examinations and performing all laboratory work of the classes below that which they enter, providing that the work already done conforms to the requirements of this board.

Graduates or students of colleges to which no recognition is given by the Colorado State Board of Medical Examiners can be granted no advanced standing whatever.

LENGTH, NUMBER AND CHARACTER OF COURSES OF LECTURES.

The college shall have a four years' course of instruction, consisting of four terms, extending over a period of four calendar years, and the minimum time between the commencement of the work of the freshman year and the ending of the work of the senior year, on which all students are required to be in attendance, shall be not less than forty months. No two terms begun on or after January 1, 1903, shall commence and end within any consecutive sixteen months.

The time occupied in each regular term begun on or after January I, 1903, shall be not less than seven months or thirty weeks, and each such term shall consist of not less than 800 hours of work.

The branches of medicine to be included in the course of instruction shall be at least as follows: (1) Anatomy, (2) physiology, (3) chemistry, (4) materia medica and therapeutics, (5) theory and practice of medicine, including ophthalmology, otology, dermatology and neurology, (6) pathology and bacteriology, (7) surgery, including orthopedic surgery, (8) obstetrics, (9) gynecology, (10) hygiene, (11)

medical jurisprudence (forensic medicine).

ATTENDANCE.

Regular attendance during the entire lecture courses shall be required, allowance being made only for absences occasioned by the sickness of the student or his immediate family, such absence not to exceed 20 per centum of the course.

DISSECTIONS, CLINICS AND HOSPITAL ATTENDANCE.

First—Each student must have dissected at least the lateral half of a human cadaver.

Second—He shall have received clinical and hospital instruction throughout at least two annual terms.

INSTRUCTION.

The college must have a sufficient and competent corps of instructors, and facilities for teaching, dissections, ambulatory and hospital clinics such as obtain in the majority of medical colleges in the United States.

GRADUATION.

No student shall be graduated by any medical college in "good standing" with the Colorado State Board of Medical Examiners who has not completed four full terms of lectures, as prescribed by the rules of the said board (certain persons to whom advanced standing is allowed excepted), and has complied with the requirements of the said college, as set forth in the published announcement of the college, and has completed in the college, by which his diploma is granted, a continuous course of lectures in the senior year of at least seven months in duration.

FURTHER CONDITIONS FOR RECOGNITION OF MEDICAL COLLEGES.

First—Only regularly conducted and legally chartered medical colleges which conform to the conditions of admission to lecture courses, the course and period of study, the number, character and length of lecture terms, the duration of attendance on hospital and clinical instruction, as set forth in the schedule of minimum requirements adopted by the Colorado State Board of Medical Examiners, and the other requirements of a medical education which obtain as the practice of a majority of the established medical colleges in the United States, shall be considered medical institutions in "good standing" according to the purpose of the act to regulate the practice of medicine in the state of Colorado.

Second-No medical college can be in "good standing" until it has established its claim to such standing by an active existence of not less than four years, and then only in compliance with the terms of the first condition. Provided, that colleges which after a personal investigation made by a committee of the Colorado State Board of Medical Examiners are shown to comply with the schedule of minimum requirements and to possess a sufficient and competent corps of instructors, and the necessary facilities for teaching, may, at the discretion of the board, be granted full recognition during the first vear of existence.

Third—All medical colleges in "good standing" with the Colorado State Board of Medical Examiners will be required to publish in their annual

announcements or catalogues a complete list of all matriculates and a separate list of all graduates of the session or year immediately preceding.

Fourth—No medical college will be considered in "good standing" with the Colorado State Board of Medical Examiners which publishes in its annual announcement or catalogue, or otherwise, any misrepresentations regarding the curriculum of the college or the faculties for instruction or the number

of students matriculated or graduated.

All rules and regulations governing medical colleges which have been here-tofore adopted by the Colorado State Board of Medical Examiners will stand repealed on December 31, 1902.

THE COLORADO STATE BOARD OF MEDICAL EXAMINERS.

Attest:

S. D. VAN METER, M. D., Secretary.

NEWS ITEMS.

It is a peculiar fact that the letters and other writings of DeQuincey, Carlyle, Darwin, Huxley and Browning, liberal as they are with references to the continued ill-health of those great writers, have not before this suggested to the medical profession an opportunity for research into the casual factors of those physical conditions. That the opportunity has not until now been recognized in its proper light is evidenced by the hitherto total absence of any work dealing with this subject. Dr. George M. Gould's Biographic Clinics (P. Blakiston's Son & Co., Philadelphia), which is devoted to this neglected subject should, therefore, prove a most unique and valuable contribution to biographical and medical literature. The work is announced for publication in December.

Dr. Gould has gathered from the biographies, writings and letters of the five named men every reference to their ill-health. Each endured, as is well

known, a life of suffering which made almost every day a torment and by which their work and worth as an asset of the nation and civilization was conditioned and often rendered mor-The cause of their affliction was an utter mystery to their physicians. No explanation explained, and no cure cured. Dr. Gould has gone into the "why" of this very thoroughly and the conclusion reached by him, from logic and from a careful summary of the clinical symptoms, is that each of the writers suffered from eye-strain, and that scientific correction of their ametropia would have transformed their lives of misery into lives of happiness. A history of the discovery of astigmatism and eye-strain, with a discussion of its indications and responsibilities, completes the work. It is interestingly written, and will undoubtedly meet with a ready sale among medical men and those interested in the works and lives of the quintette of great writers.

The Denver Orphans' Home reported recently that only \$5.60 had been spent for drugs for the treatment of an average of 97 children for twelve months. This would argue a gratifying condition of general health during that time. At their annual meeting they elected the following officers: President, Mrs. Edwin Kassler; first vice president, Mrs. George Bushnell; second, Mrs. John Arkins; third, Mrs. William H. James; fourth, Mrs. Edward Eddy; recording secretary, Mrs. George W. Ballantine; corresponding secretary, Mrs. O. E. Le Fevre; treasurer, Mrs. Charles Reynolds; auditor, Mrs. Thomas Keeley; board of directors, Mesdames Frank Trumbull, Henry T. Rogers, O. E. Le Fevre, William Byrd Page, W. H. James, E. S. Kassler, Edward Eddy, A. C. Dake, William Cooke Daniels, Lucius Cuthbert, John Arkins, George A. Bushnell, George W. Ballantine, Richard Crawford Campbell, Frank Woodward, Thomas Keeley, Charles Reynolds, Frederick Warren, Harry C. Stuchfield, Z. T. Felt and Mrs. Ringolsky; advisory board, Messrs. William Byrd Page, O. E. Le Fevre, Charles Reynolds, Edwin Kassler, George Ballantine, W. H. James and George A. Bushnell.

Dr. Peter M. Kusmo of Pueblo was married to Dr. May Bell Wright, October 26. Mr. Kusmo has been prospering in his practice in Pueblo, for which he is to be congratulated, and still more on account of his wedding. They both have the best wishes of the JOURNAL.

It was recently given as an item of interest in the daily papers that at a post-mortem recently held on a man 60 years of age (he had died of heart trouble) twelve bird shot were found in the appendix vermiformis, apparently without having occasioned any inflammatory change, although they had evidently been there for some time. It is not unusual to find foreign bodies which have not set up inflammation. Even a pin has been found there without having produced injurious results notwithstanding its sharp point.

The Laramie County Medical Association was recently formed at Cheyenne, Wyo., and the following officers were elected: President, Dr. W. W. Crook; vice president, Dr. A. W. Barber; secretary, Dr. W. A. Burgess; treasurer, Dr. W. A. Wyman; board of directors, Drs. J. P. Johnston, H. M. Bennett and J. A. Conway. All physicians of the county of good reputation and standing are eligible to membership.

The Bacteriological Laboratory of the Denver Health Department was recently given quite a write-up in one of the local newspapers. This is as it should be. Too much correct knowledge of the genuine scientific work done by and through the profession cannot be diffused through the public.

Commander Robert E. Peary, the Arctic explorer, claims that the Arctic region is one of the best places on earth for people suffering from pulmonary diseases.

The Charity Organization of Denver held its quarterly meeting in its new rooms at 1420 Champa street, October They made the following appropriations for the coming three months: Central branch of the society, \$1,250; Denver Orphans' Home, \$950; St. Vincent's Orphanage, \$800; Ladies' Relief Society, \$750; House of the Good Shepherd, \$300; Tabernacle Free Dispensary, \$500; Childrens' Home Society, \$125; North Side branch of the society, \$125; Visiting Nurses Association, \$225; Florence Crittenton Home, \$225; W. C. T. U. Mission, \$100; Colorado Humane Society, \$450; Working Boys' Home, \$300; Clara's Orphanage, \$200; Colorado Maternity and Children's Home, \$125. The latter institution has gone out of existence, and the money was appropriated to settle the bills of the home.

At the meeting it developed that the sentiment of the organization was against giving aid to hospitals.

Dr. M. D. Gibbs, formerly of Cameron, Colo., has removed to Willow, N. M., where he has accepted a position with the Raton Coal and Coke Company as local surgeon for the Willow coal mines.

Dr. B. B. Frankle, formerly of Cripple Creek, has resigned the government position he was holding in Minnesota and has located for general practice in Pueblo, Colo.

Dr. Welles of Victor met with a serious accident the latter part of September. His right foot was severely crushed by being caught in an elevator shaft. The member was so badly injured that he may be crippled for life.

Dr. Edward Jackson of Denver is building a fine new home on Iliff and Milwaukee streets of that city.

Dr. J. A. Dunwoody of Cripple Creek returned early in September from a month's visit at his home in Georgia.

Dr. Latimer of Victor has returned from a season spent in the Thunder Mountain region and has settled down to practice again.

Dr. C. A. Magruder and family of Cripple Creek spent the greater part of September and October in Chicago and other points in the East.

Cholera is making great ravages in the Philippine Islands, threatening to depopulate the island of Samar. The reported details for the island are 70.-222 cases with 48,402 deaths, but it is estimated that there have been 100,000 cases with the same proportion of deaths.

The Denver health commissioner. together with the president and secretary of the State Board of Health and state bacteriologist, recently made an inspection of the mattress factories of Denver. It is claimed that they found an alarming state of affairs to exist and propose to take immediate steps to put an end to the manufacture of shoddy mattresses in this city.

During the year 1900 there were in the United States 109,750 deaths from pulmonary tuberculosis. The death rate from this cause among negroes was nearly three times as great as among the whites.

The District of Columbia had the highest mortality rate from this cause and New York next. The lowest was in the rural districts of Michigan. The average age for the entire country in the case of deaths from pulmonary tuberculosis was 35.3 years. The most healthful region for consumptives, according to the statistics of the census bureau, is the western half of Colorado: Maine comes next and then the states adjoining Colorado. April and May are the months of highest mortality due to pulmonary tuberculosis, and September is the time of lowest mortality due to this cause.

Dr. Lucien Bedell died in the insane ward at the County Hospital October 5, 1902, aged 72 years. For the last two years he had not been in active practice, earning his living by the sale of his special remedies. Prior to that he had practiced medicine and surgery in Denver a number of years.

Nellie Cocoran died recently in New York, after a trance of twenty days. An autopsy was held but no lesions were found. It was thereon presumed that the girl died from hysteria, the trance being induced by auto-hypnotism. This is equivalent simply to saying that nothing is known about the case.

At Longmont, Colo., recently, Geo. W. Brooks, foreman for McPhee & McGinity at their ranch near Hyland Lake, was given a preliminary examination before Justice Dixon on the charge of selling diseased meat. It seems that on August 20 a drove of calves belonging to the McPhee ranch was run into by a railroad train and two of them crippled. These were killed by the section men and buried along the railroad right of way. A couple of hours later it was claimed that Brooks had them disinterred, dressed them, and sold portions of their carcasses to the threshing crews. The matter became known as the result of a quarrel. Brooks was held for trial before the District Court, bond being fixed at \$500.

It is reported that the delegates of the International Tuberculosis Congress, held in Berlin in October, were much disappointed and surprised at the apathy exhibited by the American medical profession. Dr. William Enger of the United States Marine Hospital service, stationed at Naples, was the only American who attended.

Dr. C. F. Nichols has purchased lots and let a contract for the construction of a hospital in Craig, Colo. It will be the first the northwestern Colorado.

Lieutenant Colonel Comegys of the medical department of the army has taken charge of the Government Consumptives' Sanitarium at Fort Bayard, N. M. The wife of Dr. Rudolph Baird of Boulder, Colo., died recently very suddenly. The coroner's jury brought in a verdict that the doctor had administered poison to her.

Grave robbing on an extensive scale has been conducted for some time in and about Indianapolis, Ind. Recently Drs. J. C. Alexander and John C. Williams of the Central College of Physicians and Surgeons, William E. Molt of the Physio Medical College, and Dr. Charles B. Terkitt of Castleton, Ind., were indicted by the grand jury for participation therein.

Dr. Arthur B. Blacker died in London in September. After his death it was disclosed that he had administered the lihgt treatment to King Edward for a supposedly cancerous ulcer near the root of the nose. The result of treatment is claimed to have been a cure.

Denver abortionists have again been getting into trouble. Miss Sarah Vance died at he sanitarium of one Dr. Elliott, October 30, as the result of a criminal operation. Dr. Elliott has been arrested and is out under bond. This evil practice seems to be rather widespread.

BOOK REVIEWS.

A PHYSICIAN'S PRACTICAL GYNEcology. By W. O. Henry, M. D., Professor of Gynecology in the Creighton Medical College, Omaha, Neb. First edition; 226 pages, 5 full page illustrations and 61 illustrations in the text. Price, cloth, \$2.00. Lincoln, Neb. The Review Press. 1902.

To exhaustively treat the subject of gynecology in such a small volume would be an exceedingly difficult matter, yet we believe the author has chosen those subjects of the greatest practical value to the student and practitioner of medicine in this work on practical gynecology. The essentials are concise and clear and the general practitioner will find in this manual a safe and practical guide for the diagnosis and treatment of the ordinary gynecological case.

As a hand book of reference we can recommend the volume to the student and general practitioner.

C. L. W.

THE RAND-MCNALLY NEW CONCISE ATLAS OF THE WORLD. Rand-Mc-Nally Company, Publishers, Chicago and New York.

This contains 93 pages of colored maps of all the states and territories in the United States and the provinces of the Dominion of Canada, also full page maps of every country and civil division upon the face of the globe, and forms a very convenient work for consultation on geographical subjects. It is issued with the compliments of the Purdue, Frederick Company, New York, from whom it may be obtained by request.

THE PRACTICAL SERIES OF YEAR Books. Comprising ten volumes on the year's progress in medicine and surgery. Issued monthly under the general editorial charge of Gustavus P. Head, M. D., Professor of Larvngology and Rhinology, Chicago Post-Graduate Medical School. Volume 8, Pediatrics and Orthopedic Surgery. Edited by W. S. Christopher, M. D., John Ridlon, A. M., M. D., and Samuel B. Walker, A. B., July, 1902. Price of the volume, \$1.25; price of the series, \$7.50. The Year Book Publishers, 40 Dearborn St., Chicago, Ill.

The literature of pediatrics, which, as is well stated in the preface, includes a great deal more than simply diseases of children, has been very rich during the period covered by this volume. Nearly every phase connected with the growth, development and diseases of children has been touched upon. notable that the various factors and features of child study have attracted a great deal of fruitful attention and the additions to this subject have been The nutrition of the infant marked. and developing child have likewise received a considerable amount of study. It is noteworthy that the present tendency is to an increasing simplicity in the preparation of their diet. The subject of infectious diseases is especially rich. Most attention has been given to diphtheria and its various phases. None of the infectious diseases, however, has been neglected. Under the heading of Pathologic Resultants, Anatomic and Functional, a considerable number of topics have been touched upon.

Orthopedics has been well handled by Dr. Ridlon. The most important article discussed is that of osteoarthritis by Dr. Goldthwait. This is given a rather extensive abstract and is fully illustrated. The various methods of treating deformities are presented in a satisfactory way.

Altogether the pediatrist and orthopedic surgeon and the general practitioner, for whom this series of works is especially intended, will find a vast deal of material of value to them.

LEA'S SERIES OF MEDICAL EPITOMES.

SCHALEK ON DERMATOLOGY. A
Manual of Skin Diseases for the Use
of Students and Practitioners. By
Alfred Schalek, M. D., of Rush
Medical College, Chicago. In one
handy 12mo volume of 225 pages,
with 34 illustrations. Cloth, \$1.00
net. Lea Brothers & Co., Publishers,
Philadelphia and New York, 1902.

If the rest of the volumes of the Medical Epitome Series, of which this is the first published, will bear the same character, they will probably meet with a large circulation among the profession. They are not intended as a substitute for larger text-books, but rather to lay the foundation for further study and investigation.

Each subject is treated with considerable brevity but the essentials are presented and not a few illustrations add to the clearness of statement. The first portion of the work consists of general considerations, then there is a classification of diseases of the skin followed by a discussion of each individual type;

synonyms, symptoms, etiology, pathology, treatment and prognosis are given in the order named and with a clearness which at any rate will leave no indefiniteness as to meaning in the mind of the student.

Physician's Pocket Account Book. By J. J. Taylor, M. D. The Medical Council, Publishers, Philadelphia, Pa.

This little book of 200 pages presents a number of points of advantage Gal 37 Med Journal. h&kfo.os-r which will unquestionably be of great value to the physician. In the first place it is a book which meets the requirements of the law and may be used in court as a perfectly competent book of evidence whenever physicians are so unfortunate as to have to sue for their fees. It is also perfectly competent as documentary evidence in settling up the estate of a deceased physician who has used it for keeping his records. the one book is necessary for filling these legal requirements, which is not the case with most other visiting lists.

The blank pages number 168. One page or the portion of a page is provided for an individual or a family, the date and person attended, a note of the character of the services rendered, the amount charged, and payments made being entered. This is preceded by an index of accounts and followed by blanks for obstetric records preceded by a rule for calculating period of gestation. Blanks for records of vaccination, record of deaths and cash accounts are also given. Altogether it is very complete and very convenient and can be highly recommended for the practitioner.

DAVENPORT'S DISEASES OF WOMEN.
A Manual of Gynecology for the
Use of Students and General Practitioners. By F. H. Davenport, A.
B., M. D., Assistant Professor in
Gynecology, Harvard Medical
School. New (4th) edition, revised
and enlarged in one 12mo volume
of 402 pages, with 154 illustrations.
Cloth, \$1.75 net. Lea Brothers &
Co., Publishers. Philadelphia and
New York, 1902.

This work consists of 402 pages and twenty chapters, so arranged as easily afford a ready reference to the busy practitioner. The work is devoted principally to diagnosis and treatment. The student will find in the pages of this volume a clear explanation as to the simpler forms of treatment of the most common diseases of the pelvic organs, and the methods of examination are presented lucidly and with considerable detail. For the sake of brevity and lucidity the discussion of the various methods of treatment is confined to such measures as have been of practical value in the experience of the author.

The text is well illustrated with numerous wood cuts, for the most part original. The fourth edition of the work bears evidence of its value and popularity among students and practitioners of medicine. As a manual for the student and hand book of reference for the busy practitioner we can heartily recommend the work.

C. L. W.

THE PUBLIC AND THE DOCTOR. By a Regular Physician. Price 50 cents. B. E. Hadra, M. D., Publisher, Dallas, Tex.

This short monograph is intended to present in proper light the relation of the true physician to his patients. In a very simple manner it discusses many subjects of which there is a considerable lack of information among the laity and which it would be well to have diffused among them. The intention is that physicians should present this book to their patients. If such were done it is scarcely to be doubted that the relationship between the laity and profession would be greatly improved.

THE MEDICAL NEWS VISITING LIST FOR 1903. Weekly (dated, for 30 patients); Monthly (undated, for 120 patients per month); Perpetual (undated, for 30 patients weekly per year); and Perpetual (undated, for 60 patients weekly per year). The first three styles contain 32 paes of data and 160 pages of blanks. The 60-patient Perpetual consists of 256 pages of blanks. Each style in one wallet-shaped book, with pocket, pencil and rubber. Seal Grain Leather, \$1.25. Thumb-letter Index, 25 cents extra. Lea Brothers & Co., Publishers, Philadelphia and New York.

With the approach of a new year the physician begins to think of his indispensible companion, the visiting list. This is the work which he probably consults most frequently of all and for

which he forms a striking friendship. The Medical News Visiting List is one which will encourage such attachments. It is exceptionally convenient in the arrangement of its blank pages for recording the engagements and accounts of every description falling within the line of duties of the physician. It has 32 pages of printed matter preceding the blank pages. These are such as the physician will find very convenient for They include a Table of reference. Dentition, Method of Finding the Day of Confinement, Method of Converting Thermometric Scales, Table of Ordinary Weights and Measures and Comparative Scales showing at a glance the Exact Equivalents of General Weights and Measures and Those of the Metric System.

A list of incompatibles, Sylvester's method of artificial respiration, a table of eruptive fevers and another of poisons and antidotes follow in the order named. Two more lists of great value are the table of doses and the therapeutic reminders. A brief article on ligation of the arteries with a full page plate showing the several incision completes the preliminary chapters.

Progressive Medicine, Vol. II, June, 1902. A Quarterly Digest of Advances, Discoveries and Improvements in the Medical and Surgical Sciences. Edited by Hobart Amory Hare, M. D., Professor of Therapeutics and Materia Medica in the Jefferson Medical College of Philadelphia. Octavo, handsomely bound in cloth, 440 pages, 28 illustrations. Per volume, \$2.50, by express pre-

paid to any address. Per annum, in four cloth-bound volumes, \$10.00. Lea Brothers & Co., Publishers, Philadelphia and New York.

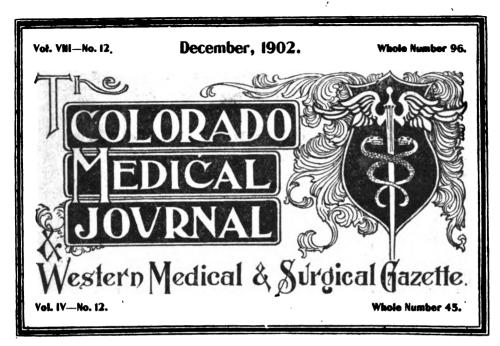
A wealth of good things is contained in the present olume. The greatest richness is shown in the section devoted to surgery of the abdomen, including hernia, which is compiled by William B. Coley, M. D. Many subjects of importance are here presented and special mention can be made of but a few. Among these, tuberculosis of the peritoneum is the first. Of interest is the tendency to regard tuberculosis of the peritoneum as a disease tending to spontaneous recovery and also the increasing feeling that its proper treatment is medical rather than surgical, the pendulum of professional opinion swinging backward from the direction recently taken. Hernia is given quite considerable attention as regards the technique of treatment and the discussion of statistical results in the guestion of its radical cure. The question of operative treatment of appendicitis still excites some considerable discussion, as shown by the important articles appearing from time to time. The report of that rather rare condition, acute dilation of the stomach, with its fatal results, is of interest to most, as is also the discussion of surgery of the liver, especially of abscess of the liver, and operative interference as a cure for cirrhosis. In surgery of the kidney considerable attention is given to technique as is altogether proper. operation for exclusion of the intestines and also the treatment of fecal fistula, together with the subject of malignant diseases of the intestinal tract in general, call for appropriate and extensive treatment.

Gynecology, by John J. Clark, M. D., likewise offers much that is of interest. The treatment of purulent collections in the pelvis, as may be anticipated from the prevalence and importance of that condition, is given rather extended discussion. Closely follows the subject of chronic endometritis, its different forms and its various methods of treatment. The discussion of gonorrheal pyosalpinx, while very short, is of very great interest. The origin of dermoid cysts is given special attention this year.

The subject of diseases of the blood and ductless glands, hemorrhagic diseases and metabolic diseases is briefly written by Alfred Stengel, M. D. The technique and practical value of hæmotology have received some important contributions as well as have also the morphology of the blood. One of the most important contributions of the year has been the discovery of differentiation of almost every animal blood by means of the specific serum test. The anæmias and leucæmia call for special consideration in almost all their aspects. Of the metabolic diseases, gout and diabetes are given very careful, critical study.

The subject of ophthalmology, in charge of Edward Jackson, M. D., of Denver, presents a series of abstracts of journal articles in that field.

Table of Contents on Advertising Page 3. you read the Advertising Pages? If not you are missing something good.



THE COLORADO MEDICAL JOURNAL, 133 West Colfax Ave., Denver, Colorado.

WM. N. BEGGS, A. B., M. D.,
ALLISON DRAKE, Ph. D., M. D., and CLARENCE L. W' On, M. D.,

Editor and Publisher Associate Editors

Entered at the Postoffice at Denver, Colorado, as second class matter.

ARSENAURO

HAS SHOWN ITS VALUE IN

THOUSANDS AND THOUSANDS

OF CASES OF

DIABETES MELLITUS.

WE CAN AFFORD TO STAND SOME LOSS IN TRADE

WE <u>CANNOT AFFORD</u> TO STAND <u>THE DAMAGE DONE BY SUBSTITUTION</u>.

DISHONEST DRUGGISTS ARE FILLING YOUR PRESCRIPTIONS WITH WORTHLESS LIZUIDS. SPECIFY ARSENAURO - ORIGINAL ONE OZ BOTTLE, (WITH STAL ON NECK) AND SEE THAT YOUR PATIENT GETS IT.

CHAS. ROOME PARMELE CO., 46 JOHN ST., N. Y.

Digitized by Google

THE THIRST AND NAUSEA OF ANÆSTHESIA

are entirely prevented, and the shock of surgical operation greatly relieved by high rectal injections of

Bovinine

It should be administered with salt solution, heated to 70°F, an hour prior to operation, during same if shock is evident, and after returning patient to bed. The quantity of the injection must be suited to the individual case, varying from 2 ounces to 6 ounces of each. The salt solution renders the absorption of the **Bovinine** more rapid, and the heart action is immediately improved; the sustaining effect is continuous for two to three hours. The circulation which has become non-aerated through ether administration is oxygenated by the **Bovinine**, and rapidly restored to normal condition. Hence the absence of nausea and emesis. A postal will bring you our scientific treatise on Hæmatherapy, with reports of numerous cases.

The Bovinino Cempany,
75 West Houston Street, NEW YORK.

THE COLORADO MEDICAL JOURNAL

..AND..

WESTERN MEDICAL AND SURGICAL GAZETTE

A Scientific Medical Journal, Published in the Interest of the Profession of Colorado and Adjoining
States—A Journal of Science, of News and of Medical Lore.

Vol. VIII.

DENVER, COLORADO, DECEMBER, 1902.

No. 12

ORIGINAL COMMUNICATIONS.

The Scientific Aspect of Modern Medicine.*

By PROF. FREDERICK S. LEE, COLUMBIA UNIVERSITY, NEW YORK.

The origin and development of medical science are contemporaneous with the origin and development of mankind. So long as man has been, so long has been disease; and whenever man has suffered, man has tried to heal. foundations of medicine lie deep in that soil of common knowledge from which arose all the sciences, and throughout its history it has freely absorbed the discoveries of them all. From the first it has been, and it must ever remain, their common meeting place. In proportion as its spirit and its methods have been scientific it has progressed toward ultimate perfection. Yet, notwithstanding the importance of science to medicine, from first to last medicine has been permeated by the pernicious influence of empiricism. A wise man once said that all true science begins

with empiricism, and medical science is a striking example of this fact. But it made an early effort to free itself. The most brilliant epoch of Grecian history is marked no more immortally by the wisdom of Socrates, the histories of Herodotus, the tragedies of Aeschylus, and the art of Phidias, than by the medicine of Hippocrates and his followers, for this represents the first recorded endeavor-and a mighty endeavor it was-to break away from the empiricism of the earlier ages. But the science of the time was meagre, and, however laudable the aim, the Hippocratic writings are full of empirical notions. From that time on, down through the ages, we find science and empiricism, like the good and bad principles in all nature and all religions, ever contending. And the struggle

^{*}Delivered at the University of Colorado Quarto-Centennial, Boulder, Colo., Nov.

still continues. As Richard Hooker wrote more than three hundred years ago, so to-day do "Empirics learn physic by killing of the sick." empiricism of to-day is not solely the method of osteopaths, Christian Scientists and vendors of patent nostrums; it is found in the schools and the practice of legitimate medicine. At times it has surprising successes, yet the struggle is an unequal one and science is sure to be victorious. At no period of the world's history has the scientific idea in medicine been so aggressive and advanced so rapidly as during the past fifty years, and at no time has it seemed nearer its ultimate victory than at this beginning of the twentieth century. This advance is so striking and so full of general interest that I have ventured to choose it as my subject to-day, under the title of "The Scientific Aspect of Modern Medicine."

THE IDEA OF A VITAL FORCE.

One of the most essential prerequisites of this advance was the complete and final liberation of medical science. and of all those sciences now comprehended under the general title of biology, from a burden which in one form or another had hampered progress from the earliest times. I mean the conception that living bodies possess within themselves an active force, or principle, differing in nature from anything possessed by non-living bodies, and which represents the vitality of living The beginnings of this idea are found in the various forms of animalism of savage races, according to which a spirit or ghost inhabits the body and is responsible for its actions.

In diseased states, this good spirit is dispossessed by an evil one. form or another this belief is met with among all civilized people. It is found in the days of Salem witchcraft, and even as late as 1788, in Bristol, England, when seven devils were exorcised from an epileptic. In physiology from the times of the early Greek medicine until after the Renaissance the animistic idea is represented by the doctrine of the pncuma or the "spirits." Hippocratic times the spirits entered the body through the lungs, were carried by the blood to all parts, and enabled the vital actions to take place. At about 300 B. C. the Alexandrians found it convenient to make use of two forms of this mysterious agent, the "vital spirits" residing in the heart, and the "animal spirits" in the brain. these, in the second century of the Christian era, Galen added a third, the "natural spirits," located in the liver.

All physicians of the present day are familiar with the remarkable story of Galen and his long reign in medicine. Born in the time of the Emperor Hadrian, he lived an active life of medical research and practice. He was the imperial physician of Rome, and while the wise Marcus Aurelius was writing his "Meditations" Galen was producing his numerous medical books. covered the whole field of the medicine of his time, much of which was the direct result of his own investigations. activity was unparalleled, his knowledge immense, his logic and literary skill pronounced, and his system of medicine all embracing. In these respects he was far above his contem-

poraries, and with the decline of the Roman civilization, the consequent disappearance of originality of thought, and the long unbroken sleep of research, what wonder it is that his brilliance should shine unrivalled through the dark ages? For more than a thousand years following his death, his authority in all things medical was supreme, and the doctrine of the pneuma was unchallenged. Only when there came the intellectual awakening of the Renaissance did men ask themselves whether Galen's books or the human body more nearly represented the truth. But it was even long after this that the pneuma was deposed, and when it fell it was only to give place to the archeus of that arch-charlatan Paracelsus, and to the anima sensitiva of the mystic philosopher, Van Helmont, and the melancholy pietist, Stahl. Through the latter part of the eighteenth and the early part of the nineteenth century, the vital principle was still in control of the physiologists, but, as they learned more of the conservation and the transformation of energy in inanimate things, and more of the working of living bodies, the gulf between the inanimate and the animate gradually narrowed, and the supremacy of the laws of chemistry and physics in all things living became clearly recognized. It is true that at times in these latter days, sporadic upshoots of a neovitalism raise their tiny heads, but these are to be ascribed to the innate aversion of the human mind to confess its ignorance of what it really does not know, and they do not receive serious attention from the more hopeful seekers after truth.

The elimination from scientific conceptions of the idea of vital force made possible a rational development of the science of physiology, and in this way led directly to the growth of a scientific medicine. In one of his luminous essays, Huxley has written: "A scorner of physic once said that nature and disease may be compared to two men fighting, the doctor to a blind man with a club, who strikes into the melee, sometimes hitting the disease and sometimes * * hitting nature." * The interloper "had better not meddle at all, until his eves are opened—until he can see the exact position of his antagonists, and make sure of the effect of his blows. But that which it behooves the physician to see, not, indeed, with his bodily eye, but with clear intellectual vision, is a process, and the chain of causation involved in that process. Disease * * * is a perturbation of the normal activities of a living body, and it is, and must remain, unintelligible, so long as we are ignorant of the nature of these normal activities. In other words, there could be no real science of pathology until the science of physiology had reached a degree of perfection unattained, and indeed unattainable, until quite recent times."

No period has been so rich in physiological discoveries as the last fifty years of the nineteenth century. Research has developed along two main lines, the physical and the chemical, and to-day physiology is rightly regarded as the foundation stone of the science of diseases, and thus as the basis of scientific treatment.

THE CELL DOCTRINE.

At the time when vital force was having its death struggle the cell doctrine was being born. Inseparably linked with the idea of the cell was the idea of protoplasm—protoplasm—the living substance, the cell, the morphological unit. The heretofore mysterious living body was a complex mass of minute living particles, and the life of the individual was the composite living of those particles.

Within the past few weeks the world has bowed in mourning over the bier of an aged man, who more than forty years ago, in the strength of his vigorous manhood, gave to medical science in a well-rounded form the best of the cell doctrine of his time. Rudolph Virchow need have performed no other service than this to have secured worthy rank among the great men of medicine of the nineteenth century, for few books exercised a greater influence over medicine during that period than his "Cellular Pathology." From ancient times physicians had been divided into many camps regarding the causes of disease. One idea had been prominent for more than twenty centuries: The humoralists had maintained that pathological phenomena were due to the improper behavior or admixture of the liquids of the body, which were, in the original form of this theory, the four humours: blood, phlegm, yellow bile and black bile. According to the solidists, on the other hand, the offending agents were not the liquids but the solids, and especially the nervous tissues. humoralists and solidists were excessively speculative, and the growing sci-

entific spirit of the nineteenth century was becoming impatient of hypotheses that could not be experimentally proved. The times were ripe for new ideas. Virchow, soon after taking at Berlin the professor's chair which he held from 1856 until his death, gave to an audience largely composed of medical practitioners, the lectures which, more than all else, have made him famous among his professional brethren. main thesis was the cellular nature of the structures and processes. whether normal or pathological, of all organized beings, and his dictum, "omnis cellula e cellula" --- a cell arises only from an already existing cell-is the keynote of his theories. With his microscope he demonstrated the cells in all the tissues of the body, whether normal or pathological, and he proved the origin of the morbid cells in the normal ones. As to processes, he maintained rightly that all parts of the body are irritable, that every vital action is the result of a stimulus acting upon an irritable part, and he claimed a complete analogy between physiological and pathological processes. morbid structure and every morbid process has its normal prototype.

Virchow's ideas aroused enthusiasm the world over, and were eagerly studied and largely accepted by progressive men of medicine. Time and research have corrected errors of detail, but no one now denies the cellular nature and physiological basis of pathological phenomena. These facts are fundamental to the understanding and treatment of disease, which is now universally regarded as the behavior of the

body cells under the influence of an injurious environment.

Virchow's ideas regarding pathological formations are a fitting complement to the laws of the conservation and transformation of energy. In the living world, as in the non-living, the law of continuity holds good. There are no cataclysms, there is no new creation. Structure and energy, whether normal or abnormal, proceed from preexisting structure and energy. Only such a conception can make possible a scientific medicine, and, since its promulgation, medical advance has been rapid.

THE RISE OF BACTERIOLOGY.

During the past half century, and largely during the past twenty-five years, that is, during the lifetime of this university, there has grown up a totally new science, comprising a vast literature and a vast subject matter, though dealing with the most minute of living things. This is the science of bacteri-The achievements in this field ology. have surpassed all others in their striking and revolutionary character, and bear both on the conception of the nature of a very large number of diseases hitherto puzzling human understanding, and on their prevention and cure, hitherto baffling human skill. All other human deaths are few in number in comparison with those that have been caused by the infectious diseases. Occurring the world over, constantly with us, invading all homes, and keeping the death rate in cities perpetually high, at times they have swept, with the fury of a fiery volcanic blast, over large regions of the earth's surface, sparing few, and leaving in their train empty households and cities of death. Recent statistics have shown that one of these diseases, tuberculosis, alone kills oneseventh of all the population of the world.

To what are these pestilential visitations due? Many have said: "To the anger of offending gods;" others: "To the displeasure of a Divine Providence;" the early physicians: "To a wrong admixture of the humours:" the later pathologists: "To mysterious fermentations." But none of these answers has touched the vital point. This was reserved for a simple, modest and earnest student of science, of humble origin, the son of a French tanner, a man unhampered by medical tradition, seeking only the truth, and possessed of no genius except the genius To Louis Pasteur, of perseverance. more than to all others, should be given the honor of having solved the problem of the causation of these dread diseases. He laid the foundations of the new science, broad and deep, with surprisingly few errors of judgment.

It is instructive to look at the leading features of Pasteur's life work. From the beginning of his career, Pasteur was the defender of pure science, yet his work demonstrates well the ultimate practical value of what seems at first purely scientific. At the age of thirty-one he became a professor and dean of the Faculty of Sciences at Lille, and in his opening address he said to his students: "You are not to share the opinions of those narrow minds who disdain everything in science that has not an immediate application." And

then he quoted that charming story of Benjamin Franklin, who, when witnessing a demonstration of a scientific discovery, was asked, "But what is the use of it?" Franklin replied, "What is the use of a new born child?"

Pasteur's various scientific labors form a strikingly connected series, each being logically bound to those that preceded it. Beginning with a study of the forms and significance of the crystals of certain salts in which he made use of fermentation processes, he passed directly to the study of fermentation He early appreciated the fact that this phenomenon, due as it is to the presence in fermentable liquids of microscopic living bodies, bears significantly on fundamental physiological processes, and his labors directly established the germ theory of fermentation. Fermentation led to his famous investigation of the problem of spontaneous generation, which for ages had vexed the scientific and popular mind. ganic liquids exposed to air soon become putrid and filled with microscopic beings, the origin of which was a mystery. Many believed them to originate spontaneously; others thought that the air contains a mysterious creative influence. "If in the air," thought Pasteur, "let us find it," and by the simple device of stopping the mouths of flasks of sterilized liquids by a bit of cotton wool, he was able to filter out the influence and keep his liquids pure and free from life. At the end of a year's active work he announced a most important fact: "Cases, fluids, electricity, magnetism, ozone, things known or things occult, there is nothing in the air that is conditonal to life except the germs that it carries." His position was assailed by clever men, and he was forced to defend himself. It was here that his power of perseverance first formidably asserted itself. The struggle lasted for years, and Pasteur repelled each attack, point by point, with facts acquired by ingenious experimentation, with the ultimate result of giving to the doctrine of spontaneous generation its death blow.

Fermentation and spontaneous generation prepared Pasteur for his next victory. The French wine trade was threatened with disaster. Wines prepared by the accepted methods often became sour, bitter or ropy. It was said that they suffered from diseases, and the situation was critical. Pasteur's achievement not only to prove that the diseases were fermentations. caused not spontaneously but by microscopic germs, but also to suggest the simple but effective remedy of heating the bottles and thus destroying the offending organisms.

It seemed a long step from the diseases of wines to the diseases of silk worms, yet when a serious epidemic, killing the worms by thousands, threatened irreparable injury to the silk industry, it was only natural that Pasteur, with his growing reputation for solving mysteries by the diligent application of scientific method, should be called upon to aid. He responded with his customary enthusiasm, and for five years diligently sought the cause of the trouble and the cure. Though stricken by paralysis in the midst of his work, in consequence of which for a time his

life hung in the balance, in three months he was again in his laboratory. Here, as in his previous labors, he achieved final success. He proved that the silk worms were infested with two distinct diseases, pebrine and flacherie, each of which was due to its specific germ, protozoan in the one case and bacterial in the other. Furthermore, he devised efficient methods of eliminating both diseases, and thus relieved from its precarious condition the silk industry of France and of the world.

By the year 1870 Pasteur's success had already assured him, at less than fifty years of age, a commanding place in the scientific world. His demonstrations of the all important parts played by microscopic organisms in the phenomena which he had studied, had stimulated widespread investigation. He had already dreamed of the germinal nature of human diseases, and now medicine, which had long suspected them to be associated with fermentation processes, began to appreciate the significance of the new discoveries. In 1873 he was elected to fill a vacancy in the French Academy of Medicine, and from that time on he gave attention more exclusively to pathological phe-He investigated septicæmia, nomena. puerperal fever, chicken cholera, splenic fever, swine fever, and lastly rabies. To speak at length of what he accomplished in this field would require much time. I would, however, mention one salient incident.

One day chance revealed to him a unique phenomenon, the further study of which led to one of his most significant discoveries. In the inoculation of some fowls with chicken cholera, not having a fresh culture of the germs, he used one that had been prepared a few weeks before. To his surprise the fowls, instead of succumbing to the resultant disease, recovered, and later proved resistant to fresh and virulent germs. This was the origin of the pregnant idea of the attenuation, or weakening, of virus, which nearly a hundred vears before Tenner unknowingly had demonstrated in his vaccination against small-pox, and which had been employed by physicians in all the intervening time. By various methods of attenuation Pasteur succeeded in producing vaccines from the virus of several diseases, and he perfected the process of vaccinating animals and thus protecting them from attacks of the diseases in question.

The story of Pasteur's brilliant investigations of hydrophobia are too recent and too well known to relate here. They form a fitting ending to a life rich in scientific achievement, stimulating to research, and momentous in the history of scientific medicine.

In the summer of 1886 it was my good fortune to spend a few hours in the presence of this man in the rooms of the then newly organized Pasteur Institute in Paris. It was in the early days of the practical application of the results of his long-continued, devoted experimentation regarding the cause and treatment of hydrophobia. In a large room there was gathered together a motley company of perhaps two hundred persons, most of whom had been bitten by rabid animals. Men, women and children, from the aged to babes

in the arms of their mothers, richly dressed and poorly dressed, gentle folk and rude folk, the burgher and the peasant: from the boulevards and the slums of Paris, from the north, south, east and west of France, from across the channel in England, from the forests and steppas of Russia where rabid wolves menace, from more distant lands and even from across the seas-all had rushed impetuously from the scene of their wounding to this one laboratory to obtain relief before it was too late. All was done systematically and in The patients had been previously examined and classified, and each class passed for treatment into a small room at the side; first, the newcomers whose treatment was just beginning; then in regular order, those who were in successive stages of the cure; and lastly, the healed, who were about to be happily discharged. The inoculations were performed by assistants. But Pasteur himself was carefully overseeing all things, now assuring himself that the solutions and the procedure were correct, now advising this patient, now encouraging that one, ever watchful and alert and sympathetic, with that earnest face of his keenly alive to the anxieties and sufferings of his patients, and especially pained by the tears of the little children, which he tried to check by filling their hands from a generous jar of bon-bons. It was an inspiring and instructive scene, and I do not doubt that to Pasteur, with his impressionable nature, it was an abundant reward for years of hard labor, spent partly in his laboratory with test tubes and

microscopes, and partly in the halls of learned societies, combatting the doubts of unbelievers and scoffers, and compelling the medical world to give up its unscientific traditions and accept what he knew to be the truth.

MODERN SURGERY.

The earliest practical application to human disease of the results of Pasteur's labors was made in the field of The horrors of the early surgery. surgery had been largely eliminated by the discovery of the anæsthetic effects of chloroform and ether, and the possibility of their safe employment with human beings. But the successful outcome of an operation was still uncertain. No one would foretell when the dreaded septic blood poisoning might supervene and carry off the patient in spite of the most watchful care. Many hospitals were only death traps, the surgical patient who was taken to them being doomed to almost certain death. The suffering of the wounded in our Civil war was extreme, and during the Franco-Prussian war the French military hospitals were festering sources of corruption, their wounded dying by thousands. To Pasteur, who realized only too well that the cause of death lay in the germs which were allowed to enter the wound from the outside. this unnecessary suffering and death of so many brave French youths was a source of intense grief. Yet, notwithstanding his protestations and the urging of his views upon those who were immediately responsible, little good was then accomplished, for the French surgeons were slow to adopt new ideas.

In England Lister was more suc-

cessful. Fired by Pasteur's discoveries regarding fermentation and putrefaction, he conceived the idea of using carbolic acid in the vicinity of the wound while an operation was being performed, for the purpose of destroying whatever germs might be floating in the air or adherent to the surfaces. This was employed successfully, and at once the mortality of surgical operations was greatly diminished. was the beginning of the aseptic surgery of the present day, and, in the light of what it has accomplished. Lister's achievement shines with brilliance. Carbolic acid was soon discontinued. owing to more efficient aseptic agents and methods of absolute cleanliness. but the essence of the modern surgical method is the same as at first, namely, to prevent the living germs from entering the wound. Septicæmia and pyæmia are no longer to be dreaded, the successful outcome of surgical procedure is practically assured, and operations that were undreamed of twenty-five years ago are now daily occurrences in the hospitals of the world. The most remarkable are those that come under the general head of laparotomy, and those performed on the brain. It may be said that the greatest development of scientific or aseptic surgery has occurred in America. Here the typical American traits of ingenuity, independence and courage have borne good fruit.

DISEASE GERMS.

Pasteur's work was epoch-making. Apart from its revolutionizing the methods of practical surgery, it has revolutionized our conception of the nature and the mode of treatment of the whole group of germ or zymotic diseases, and has gone far toward solving a host of long-existing and puzzling problems of general pathology. actual discovery of the germs of human diseases and the proofs of their specific morbific properties did not fall within Pasteur's province. Such achievement has been the lot of others, most brilliant among whom is undoubtedly Robert Koch. The bacillus of anthrax or splenic fever was seen in 1838 by a French veterinarian named Delafond, but its part as the causative agent of the disease was first shown by Koch in 1876, this being the first conclusive demonstration of the production of a specific human disease by a specific bacterium. Think how recent was this event, so significant for the development of a scientific medicine and for the welfare of the human race! Koch's demonstration was made but twentysix years ago, eleven years after the close of our Civil war. But it was only after repeated subsequent experiments and the piling of proof on proof by Koch, Pasteur and others, that the new idea was generally accepted. then discovery has followed discovery, and the world watches eagerly for each new announcement. Koch acquired new laurels by demonstrating in 1882 the germ of tuberculosis, and in 1884 that of the terrifying Asiatic cholera. In 1884, also, Klebs and Loeffler found the bacillus of diphtheria, and several investigators that of tetanus. The year 1892 revealed the bacillus of influenza, and 1894 that of bubonic plague. sides these instances, the part played by

specific germs in many other diseases has already become recognized. Small-pox, measles, hydrophobia and yellow fever still defy the investigators, but no one doubts their germinal nature.

But scientific medicine is not content with describing species of bacteria and proving their connection with specific diseases. It must show what these organisms do without the body, how they cause disease, and by what procedure their evil activities may be nullified. Persistent and devoted research has already thrown much light on these problems, yet so much is still obscure that it is difficult to generalize from our present knowledge. The germs find lodgment in appropriate places, and proceed to grow and multiply, feeding upon the nutrient substance of their host. In certain diseases, if not in all, their activities result in the production of specific poisonous substances called toxins, which, being eliminated from the bacterial cells, pass into the cells of the host and there exert their poisonous These effects vary in detail effects. with the species of bacterium; and thus the individual, suffering from the behavior of his unwonted guests, exhibits the specific symptoms of the disease.

PREVENTIVE MEDICINE.

In looking over the history of the search for a means of cure, one is struck by the great value of the ounce of prevention. Keeping the germs out is in every way preferable to dealing with them after they have once entered the body. This fact scientific medicine is impressing more and more deeply on the minds of public authorities and

the people, and their response in the form of provisions for improved public and private sanitation is one of the striking features of the social progress of the present time. All of the more enlightened nations, states and cities of the world possess organized departments of health, which, with varying degrees of thoroughness, deal with the problems presented by the infectious diseases, in the light of the latest dis-Water and milk and other foods are tested for the presence of disease germs, cases of disease are quarantined, and innumerable provisions, unthought of fifty years ago, are now practiced daily for the maintenance of the health of the people.

In the city of New York the Department of Health now undertakes, free of charge, examinations for the diagnosis of malaria, diphtheria, tuberculosis, typhoid fever and rabies. It treats all cases of rabies by the Pasteur method free of charge, and ia supplies, at slight cost, diphtheria antitoxin and vaccine virus, besides mallein to aid in the diagnosis of glanders in horses, and tuberculin for similar use with suspected tuberculosis in cattle. from time to time it issues circulars intended for the education of physicians regarding the causation of infectious diseases and the newest method of treatment; and through its officers and other physicians and by means of printed matter it endeavors to educate the people in matters of private sanitation. It requires official notification by public institutions and physicians of all cases, not only of the epidemic diseases, but even of tuberculosis. The benefits

derived from these various prophylactic measures are seen in the great decrease in mortality from the diseases in question. Much good is expected from the work of the newly organized committee on the prevention of tuberculosis of the Charity Organization Society of New York, which, backed by financial resources, is about to undertake an active campaign to lower the death rate from this particular disease, and to lessen the suffering and distress attributable to it.

Fifty years ago the term preventive medicine was unknown. To-day it represents a great body of well-attested and accepted principles. It has cleaned out streets, it has helped to build our model tenements, it has purified our food and our drinking water, it has entered our homes and kept away disease, it has prolonged our lives, and it has made the world a sweeter place in which to live.

SERUM THERAPY.

But if the ounce of prevention has not been applied or has failed, and the bacteria have forced an entrance into the body, what can scientific medicine do to cure? Two things are possible destruction of the destructive germs, and the neutraliation of their poisonous toxins. The commonly recognized drugs here prove inefficient for the simple reason that the amount of the drug sufficient to kill the bacteria is so great as to endanger the life of the patient. The most promising line of treatment has been suggested by the results of a study of the mutual relations of the bacteria and their hosts. Here again there are many gaps in our

knowledge. It is not surprising that the cells of the body resent the intrusion of the barbaric horde of microorganisms with their poisonous offscourings. The cells are roused to unwonted activity, and pour forth into the blood specific substances, which, in many cases at least, seem to be of two distinct kinds, the cytolysins and the antitoxins. Of these, the cytolysins are destructive to the invading bacteria. while the antitoxins are capable of neutralizing, though in a manner not wholly clear, the toxic products of bacterial Cytolysins oppose the bacgrowth. teria, while antitoxins oppose the bacterial toxins, and the outcome of the disease depends on the relative efficiencies of the contending forces. If the invaders prove too powerful for the body cells, the individual succumbs; if the defenders prevail, he recovers.

With the picture of this natural conflict before the mind, medical science asked: "Is it not possible to aid the invaded body by providing it with weapons of the same kind as its own, but in larger quantity?" This question medical science has answered emphatically and affirmatively in the case of two serious diseases, diphtheria and tetanus, or lockjaw. By making a pure culture of their germs, and injecting their toxin into the bodies of animals. it can obtain a blood serum heavily charged with antitoxin. This, when injected into the diseased human body, supplements the antitoxin there found, and by so much the patient is aided in his struggle. With both these diseases the success of the serum treatment has been pronounced. A recent study of 200,000 cases in which the antitoxin of diphtheria was used, shows the fatality from that disease to be reduced from 55 to 16 per cent.

The problems presented by other infectious diseases seem to be more dif-What seems to be required in most cases is a serum containing in quantity rather the cytolytic than the antitoxic substance, and as yet an efficient serum of this nature has not been found. Any day may yield such an one. But the matter of the relation of cystolysins and antitoxins and their respective efficiencies in specific diseases needs much elucidation. Serum therapy is in its infancy, but its methods appear so rational that it seems destined to develop into a most efficient branch of scientific medicine.

Second only in importance to the cure is the prevention of a future attack of the disease, or, in other words, the conferring of immunity on the individual. The disease itself, when running its natural course within an individual, confers a natural immunity against a subsequent attack, and with many diseases this may prove to be a life-long protection. Typhoid fever and small-pox, for example, rarely attack the individual a second time. its present state the serum treatment also accomplishes immunity in some, though slight, degree, but greater and more lasting efficiency is desired. Probably no problem in bacteriology is being attacked more vigorously and more widely at the present time than this. A suggestive hypothesis by Ehrlich as to the chemical relations of the invading cells and the cells of the body, has stimulated investigations in many laboratories, and both the nature of immunity and the best method of accomplishing it, which have puzzled medicine so long, bid fair to become known in the near future. With this achieved, preventive medicine will have gained one of its greatest triumphs.

A word should here be said regarding two of the infectious diseases whose peculiar method of transmission, long a mystery, has now become known. refer to malaria and vellow fever. The able work of Laveran, Manson, Ross, Grassi, Koch and others on the former. and that of Reed and other courageous Americans on the latter, have demonstrated conclusively that these diseases are transmitted from man to man through the aid of the mosquito, which receiving the germ from an infected individual, cultivates it within its own body and later delivers it in a properly prepared form to another unfortunate human being. Moreover, it is entirely probable that this is the sole method of the transmission of these diseases. The ounce of prevention here consists First, eliminating from the community, so far as possible, the breeding places of the mosquito; secondly, totally preventing, by simple screens, the access of the insect to each case of the disease. By the employment of these simple methods in Havana, during the year ending with the end of last September, not a single case of yellow fever originated within the city, an event unparalleled in recent times. The active work now being carried on by the Liverpool School of Tropical Medicine on the west coast of Africa bids fair to reduce materially the extent of malarial fever, so long the scourge of that region.

It is impossible to predict the full outcome, in the long future, of the diligent research of the past few decades in the field of the infectious diseases. Certain it is that in civilized countries there appear no more the terrible epidemics of the past, such as the Black Death in the fourteenth century, which ravaged much of the continent of Europe, and in England swept away more than half the population of three or four millions. The struggle for existence of the deadly germs is becoming daily a more desperate one. palæontology has revealed numerous instances of the annihilation of once flourishing species of organisms high in the scale, it is perhaps not visionary to look forward to the ultimate extinction of these more lowly forms and, with them, to the abolishment forever from the face of the earth, of the diseases which they cause.

The study of the micro-organisms in the past and present bears upon a much wider range of subjects than the immediately practical one of the prevention and cure of individual diseases, however important that may be. constantly aiding, in ways surprising and unforseen, in the solution of even long-standing and remote problems. I need only mention here that of the recognition of human blood as distinguished from that of lower animals. Moreover, this study has helped in the elucidation of many of the fundamental problems of protoplasmic activity, and has given men of medicine a broader culture and a higher outlook over the accomplishments and possibilities of the human organism. This cannot fail to react upon other fields than that of the infectious diseases, to make treatment in general a more rational matter than it has ever been, and to uplift the whole of medicine.

Before leaving this subject finally, I would speak of the many instances of personal heroism exhibited by the men who have labored in this field. records teem with stories of those who. recognizing more fully and intelligently than others the dangers that surrounded them, the deadly risks they were incurring, have, nevertheless, led by their great courage and scientific devotion, gone steadily forward, sometimes to There is danger in the death itself. laboratory and the hospital, and greater danger in the midst of epidemics. "What does it matter?" replied Pasteur when his friends spoke of these perils. "Life in the midst of danger is the life, the real life, the life of sacrifice, of example, or fruitfulness," and he continued his labors. The death from cholera of a devoted and much loved pupil of his at Alexandria, whither he had voluntarily gone to investigate the dread scourge of 1883, was a great grief to the master, but only intensified his devotion to his work. Since then many others have met an end as heroic. martyrs to the cause of medical pro-Among these I need only mention our own Lazear who gave up his life in the yellow fever laboratories in Cuba. Notwithstanding such tragedies, the laboratories and hopsitals are always full of workers, and each new epidemic finds those who are eager to go to the scene and aid. The good to be

performed and the honors to be won overcome the fears, and the ranks of laborers in this most deadly province of scientific medicine are never wanting in men.

INTERNAL SECRETION.

Leaving the subject of the infectious diseases, let me turn now to a mode of treatment based on recent experimental work, and applied successfully to certain unusual and grave maladies, which are evidently accompanied by disordered nutrition, but the cause and proper treatment of which were obscure until very recently.

About a dozen years ago the phrase "internal secretion" began to be employed in physiological laboratories for the first time and for a newly recognized function of glandular organs. was well known that glands receive from the blood raw material and manufacture from it specific secretions, which are discharged either outside the body for excretion, as is the case with the perspiration, or to the surface of mucous membranes for use in bodily function, as instanced by the gastric It was, however, discovered that certain glands, such as the thyroid, the supra-renal, the pancreas, others, manufacture and return to the blood specific substances, differing with the different glands, but of important use to the body, and the absence of which leads to profound consequences. These substances were called internal secretions. Thus, removal or suspension of the function of the thyroid gland, and hence the loss of its internal secretion, reduces the body to a serious

pathological state, long recognized by the name myxœdema. Of similar causation is the peculiar condition called cretinism, which is characteried by a physical and mental stunting of the growing individual. The rare Addison's disease is associated with disturbance of the function of the suprarenal glands; and other instances might be mentioned. It seemed a simple step from the discovery of the cause to the discovery of a cure. If absence of a substance is the cause of a disease. supplying that substance ought to effect a cure, and such was found to be the case. Administering to the afflicted individual the fresh thyroid glands of animals, or a properly prepared extract of such gland, was found to alleviate or cure myxœdema, and other instances of the efficacy glandular products were recorded. striking were the facts that active investigation of the matter were undertaken, with the result of showing that the chemical interrelationships of the various tissues of the body were profound, and a knowledge of them of exceeding value to the physician. an instance of this may be mentioned the fact, recently discovered by Professor Herter of New York, that the suprarenal gland, by means of its internal secretion, controls the manufacture of sugar by the cells of the pancreas, a fact bearing significantly on the causation and the treatment of dia-There is need of much research in this field of the internal secretions. but already glandular extracts have proved a valuable addition to the remedies of the scientific physician.

BRAIN SURGERY.

I have already spoken of the entire change in the methods of general surgery during a period of twenty-five years, owing to the rise of bacteriology. But I ought to mention specifically the remarkable advance made during the same time in the surgical treatment of diseases of the central nervous system, the brain and spinal cord, for it is here that the scientific method has achieved one of its most complete triumphs.

Although it was pointed out by the French surgeon. Broca, as early as 1861, that the loss of the power of speech is associated with the disease of a certain portion of the left hemisphere of the brain, it was still the general belief that the acting brain acts as a This idea prevailed until 1870, whole. German physiologists, Fritsch and Hitzig, demonstrated that stimulation of different areas of the cerebral surface evoke in the body different movements. This was the beginning of the experimental investigation of cerebral localization, a line of research which has proved rich in re-The brain is not one organ actsults. ing as a whole, but an association of many organs, each with its specific duty to perform, but intricately associated with all the others. In the years that have passed since the discovery of Fritsch and Hitzig it has been the task of neurologists to discover the functions of the different parts of the central nervous system, to unravel their intricate interconnections, and to associate the disturbance of their functions with external symptoms in the individual. As a result of this labor the

neurologist, after a careful study of his patient, now says to the surgeon, "Cut there, and you will find the disturbing agent;" and the brilliant success of the brain surgery of the present day justifies its scientific basis.

THE NEW PHYSICAL CHEMISTRY.

In the early part of this address I spoke of the freedom with which medicine made use of discoveries in other sciences than its own. A very recent and striking illustration of this is that of the application of the principles of the new physical chemistry to the phenomena of the living body. From the standpoint of physical chemistry the body may be regarded as a mass of minute particles of semi-liquid living substance, the protoplasmic cells, each surrounded by a thin, permeable membrane, the cell-wall, and bathed externally by the circulating liquids, the blood and lymph. Both the protoplasm and the external liquid contain substances in solution, and whatever passes between them, be it food, or waste, or drug, must pass in the form of a solution through the intervening cell-wall. The laws of solutions and the laws of the passage of solutions through membranes must hence find their applications in the body. It has been the general belief that when a substance becomes dissolved its molecules remain intact, and are merely separated from one another by the water or other solvent. Quite recently physical chemistry has shown that this view is not altogether correct, but that a varying amount of disintegration takes place, a dissociation of the molecules into their constituent atoms or groups of atoms. Moreover, these dissociated particles, ions, as they have been called, are charged with electricity; some, the kations, charged positively; others, the anions, negatively. Electrolytic dissociation is much more pronounced in solutions of inorganic than of organic substances. In proportion to its extent specific properties are conferred on the solutions. What these properties are is not altogether clear, but it is entirely probable that the specific properties of many drugs are dependent, in part, at least. on the amount of their dissociation when in solution. Furthermore. the amount of a given substance which is able to pass through a membrane is measured by the so-called osmotic pressure of the substance, and this, which varies with the concentration of the solution, seems to depend on the movements of the molecules and the ions within the liquid solvent. Since the physician, in the giving of a drug, wishes to induce certain cells of the body of his patient to absorb certain quantities of the drug, it is obvious that a knowledge of the principles by which substances pass through membranes will aid him.

The laws of solutions and the laws of osmosis still remain largely obscure, and because of this the literature of the subject contains much that is of little value—deductions from insufficient data, conclusions of one day which are overthrown by the researches of the next, fantastic imaginings which only throw discredit on the really worthy, and hopes buoyed up by the light of an ignis fatuus. But enough of truth has been already revealed to stimulate

active research for the sake of physiological progress, and to show that the subject bears profoundly on the problems which the physician meets daily. It is partly along this line that the revitalized science of pharmacology, the study of the physiological action of drugs, which for several years has been actively pressing to the front, promises to make still more rapid progress in the near future.

MEDICAL SCHOOLS.

The growth of scientific medicine, some of the features of which I have thus tried to present to you, have reacted powerfully on our medical schools. The prominent features of this reaction are: The increase in the requirements for admission, the increase in the amount of laboratory and clinical instruction, the extension of the course in length, and the inclusion of the medical schools within universities.

Within a few years the requirements for admission to medical study have been raised from an elementary education, by many schools to that of a high school course or college preparation, by a few to a partial college training, and by two to a full college course with a resulting bachelor's degree. wisdom of the latter is still not generally conceded, it is doubtful whether in the early future it will become widespread. Ideal as it seems, the one argument against it, that thereby the young man is forced to delay entrance to his life work until a late age, has never been satisfactorily answered. dent Butler's recent pronouncement in favor of a division of the college work into a two-year and a four-year course

has much in its favor. This would allow a reasonable amount of those studies which are pursued for the purpose of general education and culture, and a grounding in the especially necessary chemistry, physics and biology.

The increase in the amount of laboratory and clinical instruction is merely in harmony with the truth that seeing is believing. "Study nature, not books," said Agassiz, and he might have added for the guidance of the teacher, "Weary not your pupils with words; let them see things."

In length the medical course has rapidly increased from two to three and from three to four years. With the increase in the number of hospitals throughout the land and the opportunities offered therein to recent graduates as internes under competent visiting physicians, one or two years may be added to the student's equipment, making a training of five or six years before the young doctor actually begins independent practice.

The inclusion of the medical schools within universities is one of the most important advances of medical education made in many years. Of the one hundred and fifty-six schools existing in this country, seventy-four, or nearly one-half, are departments of colleges or universities. In this respect, however, we are still far behind Germany, for in the latter country no medical school exists except as a part of the larger institution. The advantages of such a connection are too obvious to dwell upon. Apart from the material benefits that are likely to accrue to the school, and the prestige granted it in the edu-

cational world, there is the atmosphere of a broader culture, a more scientific spirit, and less utilitarianism, which is breathed by instructors and students alike and which cannot fail to make the graduates larger men. In the larger of these university schools a portion of the teaching body consists of men who do not engage in medical practice, but, like the instructors in the non-professional schools of the university, give their whole time to their specialties, in teaching and research. Usually these are the holders of the chairs of the nonclinical, basal sciences, anatomy, physiology, pathology, bacteriology, physiological chemistry and pharmacology. The outcome of this must be to broaden and deepen the scientific basis of medi-The clinical branches are still cine. taught by men who are at the same time private practitioners. In a recent thoughtful essay on "Medicine and the Universities," a professor in one of our leading medical schools urges further severance of medical teaching and private medical practice. He would have internal medicine, surgery, obstetrics, and, indeed, all the principal clinical departments of instruction, placed, like the fundamental sciences, "on a true university basis," by which he means that the holders of these chairs should devote all their time and energy to teaching and research. This would require the paying of large salaries and the building of extensive university hospitals, wherein the professors could carry on their investigations. In my opinion the benefits that would thus accrue to scientific medicine far outweigh the arguments that may

be brought against so radical a change, and, notwithstanding its highly idealistic character, in view of the present unparalleled generosity of private wealth in endowing scientific research, the present rapid and sure progress of medicine, and the intimate connection of medical advance with the interests of all classes, I look forward confidently to the future establishment of our medical schools on a basis more nearly parallel with that of the non-professional school of the university.

What now as to the future of medical science? With the impetus which it has received from the mighty strides of the past twenty-five years, its future progress and future great achievements But it behooves us in are assured. whose hands lies the training of the physician, to see that he enter on his work with a full realization of his responsibilities. The future of scientific medicine lies with the university. "Though the university may dispense with professional schools," said President Wilson in his inaugural address at Princeton a few days ago, "professional schools may not dispense with the university. Professional schools have nowhere their right atmosphere and association except where they are parts of a university and share its spirit and method. They must love learning as well as professional success, in order to have their perfect usefulness." The perfect usefulness of the professional school consists, not merely in teaching our embryo physician how to destroy bacteria, to remove tumors, or to calm the fire of fevers. These things he must understand, and these he must do daily for the suffering individual. But beyond these are larger tasks. physician's should be a life of service and of leadership combined. He serves well when he relieves suffering; still better, when he teaches men how to live; but he serves best of all when he pushes out into the unknown and makes medical science the richer for what he contributes to it. The knowledge of wise men, the deeds of diligent men, and the valor of heroes are the gift of those who have preceded him. Let us see to it that he pass on this heritage augmented, to those who follow.

Address by Dean Luman M. Giffin of the Colorado School of Medicine*

As early as 1881 the regents of the university were considering the advisability of establishing a department of medicine, but not until 1883 did these considerations culminate in the decision to establish at once such a department.

That the ideal of the regents, while a very commendable one, was in advance of the times is evidenced by the circular of information issued during the summer of 1883. I extract the following from this circular: "If the

^{*}Delivered at the Quarto-Centennial Celebration of the University of Colorado, November 14, 1902.

present evil of two terms of not less than twenty weeks each, now so prevalent, was the basis of the instruction to be given, the people of Colorado might well inquire as to the necessity of more schools of medicine. But such is not The curriculum is to the intention. consist of a four-year graded course of nine months each." The reasons given by the regents for that length of course were good at that time and are just as good to-day. They were as follows: "First, a sufficient time is taken for each branch to be taught in a thorough manner without crowding new topics upon the attention before previous instruction can be properly assimilated. Second, it obviates the necessity for preliminary study under a preceptor, the college being the preceptor."

Had this ideal been insisted upon it is a question whether students would have attended the school. It was not insisted upon and later announcements indicate that the regents appreciated that the ideal four-year course was in advance of the times. Commercialism was too strong in the schools of medicine. Students could see no reason why they should take four years of nine months each, when a diploma could as well be obtained in two years of twenty weeks each. To illustrate the status of medical education at that time one may refer to a sentence in an article by one of the teachers in a large medical school, written at about this period. stance it was as follows: "Schools must not for a moment think that they are regulating the character and length of their courses. The students are doing this. If one school asks for too long a course, too great preliminary requirements or too careful attention to work, other schools do not, and the students will attend the easier school. You must have students in order to have a complete school and the whole character of your curriculum must be consistent with the student idea." This quotation is not verbatim, it is given from memory of the article, but it illustrates clearly the condition existing at that time in schools of medicine. This also explains the action of the regents in lessening the number of courses to three and the preliminary educational requirements to what amounted to the reception of any student who applied, not inquiring too closely as to his education

Despite these more liberal plans, the department had its worries. Students did not present themselves in large The university was poor. numbers. The other departments of the university could profitably use the appropriation intended for the department of medicine, and with seven to fourteen students in attendance, it became a question with the regents as to the advisability of continuing the school of medicine. An annual pilgrimage of the faculty of the department to the meetings of the board at that time, to show reason for the continued existence of the school, was the regular thing.

Eventually the regents decided that the department of medicine was upon as solid a basis as any department of the university, and from this time the school prospered in a greater degree.

The first work of the school was done

in two west rooms in the third story of the main building. This amount of space was ample for our needs then. We were not crowded nor were the other departments of the university inconvenienced for room. As the department increased in numbers and needs the present Anatomical building was erected for the use of the school. This building was sufficient for our requirements for four or five years, but eventually it became too small for the growing school and then the former hospital was arranged for the work of the department.

In 1892 it was thought best to conduct a portion of the work in Denver. This plan was pursued from this time until the spring of 1897, when, urged by the Supreme Court of the state, it was deemed better to conduct all the work of the department in Boulder. This move necessitated a thorough reorganization of the school. This reorganization was accomplished and since that time the school has been steadily advancing. In 1895 the four-year course was again adopted and is continued to the present time, with no prospect of any lesser course ever being given. In 1900 a preliminary education equal to that given by a firstclass high school was made requisite for entrance to the department. present hospital was erected in 1808 and has served us well for illustrative material.

Dr. J. A. Sewall was the first dean of the school, acting in that capacity for one year. Dr. J. H. Kimball acted as dean from 1884 until 1892, but was not given the title of the office. From 1892 until 1896 this position was well filled by Dr. J. T. Eskridge. Dr. Clayton Parkhill was dean from 1896 to 1897. Since that time the present incumbent has acted as dean of the school.

The university has conferred the degree of M. D. upon one hundred and six candidates. We have alumni in twenty of the states, two in Europe and one in Manila. Twelve have passed away. This appears a large percentage, but is explained by the fact that many of our students have been invalids when entering the school. Colorado's reputation as a health resort brings us many students who are unable to attend to school work in the East.

Of our alumni, nine are engaged as teachers in schools of medicine, six are connected in various ways with military life as assistant surgeons, and one is surgeon general of his state. Six are connected with railroads as assistant surgeons, division surgeons or chief surgeons. Wherever our alumni have located, with very few exceptions, each one has ranked well as a citizen and also as a physician and surgeon, acting well his part in life.

A new and easy way of correcting round shoulders is to wear a belt having a large piece of lead attached in front. To preserve the equilibrium the head and shoulders are thrown back. The invention is due to the inventor's observing that fat men, that is men with protuberant abdomen, are never round-shouldered.

Chronic Gastric Catarrh.*

BY A. E. ENGZELIUS, M. D., DENVER, COLO.

ETIOLOGY.

The causes of this, perhaps the most common, and at the same time by doctor and patient alike most neglected, of ailments are: 1. Overeating; 2. Eating at irregular hours; 3. Imperfect mastication of the food; 4. Ingestion of unwholesome and improperly prepared food substances; 5. Excessive imbibition of alcoholic beverages and of tea and coffee; 6. Excessive tobaccochewing and smoking, and lastly overwork, worry and continuous mental strain tend to impair and derange the digestive function and may lay the foundation to a chronic gastritis.

PATHOLOGY.

The Gastric Juice. In a large majority of cases there is a hyperacidity of the gastric contents, hyperchlorhydria, and hypersecretion. A certain number of cases will show a normal acidity, while in others the acidity is below normal, hyposecretion and hypochlorhydria. In some cases there is a total absence of gastric juice, a condition first noted and described by Einhorn, and by him termed "achylia gastrica."

The Mucous Membrane. There is an excessive secretion of mucus, more or less thickly covering the mucous membrane, constituting a mechanical hindrance to the proper outpouring of gastric juice from the glandular structures. The mucous membrane is thickened

and inflamed, presenting sometimes an eroded appearance with small superficial exfoliations. Small pieces of this mucous membrane become easily detached and are obtained in the wash water of a gastric lavage. In other types of the disease the mucous membrane is thinner than normal and of an ashy pale color.

· The Glands. The pathological changes in the glandular apparatus have been studied and described by several authors of late, notably by Einhorn, whose recent contribution to the subject, entitled "A further contribution to our knowledge of the histology of the gastric mucosa in pathological conditions of this organ," appears in the October (1902) issue of the American Journal of the Medical Sciences. I will here only briefly state that, in cases with an increased secre-(hyperchlorhydria, hypersecretion), a glandular proliferation is frequently observed, as would be expected, just as, on the other hand, cases of hypochlorhydria or achylia frequently present beginning or complete glandular atrophy.

The Muscular Structure. In a large majority of these cases the muscular wall of the stomach is in a state of atony, e. g., the muscular coats have lost their power of contractility, or possess this power in a markedly di-

^{*}Read before the Denver and Arapahoe Medical Society, Tuesday, Nov. 4, 1902.

minished degree; the muscular fibers become more and more stretched and elongated, with a consequent dilatation of the entire ventriculus. motor functions of the stomach, which are all important for the gastric digestion of food, are thus markedly diminished or absent. The ingested food, instead of being churned about, dissolved and finally propelled through the pyloric orifice, remains stationary, undergoes a process of slow decomposition and fermentation, giving rise to the long train of symptoms incident to imperfect digestion, autointoxication and disturbed metabolism. Not infrequently there are found in the wash water after gastric lavage in these patients pieces of food which, to their positive knowledge, had been eaten 24 to 36 hours previously.

SYMPTOMATOLOGY.

The symptoms are insidious in their onset and develop gradually. ease occurs often, even most often, in persons who are strong and healthy and able to devote themselves to the pleasures of the table, or, leading an active business life and being pressed for time, eat irregularly and hurriedly, giving too little time, attention and thought to their meals. Diminished appetite. inconvenience and slight pain after eating, belching and regurgitation of sour fluid-in other words, what is commonly known as "dyspepsia"—belong to the early symptoms, which may come and go, the patient finding ready relief at this early stage by taking some household remedy and by abstaining from certain food substances which, as he soon finds out, do not agree with These attacks of dyspepsia and indigestion are likely to return at steadily decreasing intervals, and when the patient finally concludes to consult the physician the disease has been of a long duration, and the more annoying and severe symptoms are by this time well established. Besides the symptoms directly referring to the stomach, as anorexia, pain in the epigastric region or perhaps a general gastralgia, pyrosis, "waterbrash," bad taste in the mouth, belching, bloating up around the waist, nausea and vomiting, the patient will now complain of a continuous, more or less severe headache, palpitation of the heart, and precordial pain, vertigo and pain about the back and under the shoulder-blades-a symptom which often brings him to the physician with a request to have his lungs examined as he fears that he is going into consumption.

Soreness of the throat is also frequently complained of, with the collection in the throat of tenacious mucus -a condition which is especially annoying in the morning, necessitating a great deal of hawking and coughing to clear the throat. Some of these patients are troubled with a persistent, dry, loud and barking cough, which they describe as coming from the stomach. (On examination their lungs and bronchi are found to be perfectly healthy.) The patient will say that he has been losing flesh, feels weak, sleeps poorly, is disinclined for work and is of an irritable disposition. cases there is a marked mental depression and melancholia. Constipation of

Digitized by Google

the bowels is a constant complaint in nearly all the cases.

DIAGNOSIS.

A careful history should be elicited. The patient's habits, which are of etiologic significance, should be thoroughly inquired into. In a certain number of cases the epigastric pain is intense, with great and sharply defined tenderness, strongly suggesting the presence of an ulcer. As hematemesis is by far not always present in every case of gastric ulcer, the existence of an ulcer cannot be ruled out simply because a history of hematemesis is not forthcoming. Such patients should therefore be given the benefit of the doubt and be treated as a case of gastric ulcer.

As previously stated, dilatation of the stomach is frequently met with in these cases. As pointed out, this dilatation is due to the atonic state of the muscularis ber se and not to any obstruction of or at the pylorus. Constriction of the pyloric orifice or obstruction to the passage of the food from the stomach by tumors of the pylorus or by pressure from tumors outside of the pylorus should therefore be excluded. Palpation and percussion and perhaps the use of gastro-diaphane or transillumination of the stomach are likely to reveal the presence of a tumor. In cases of constriction or narrowing of the pyloric orifice, the diagnosis may be more difficult and time alone may in such a case clear up the diagnosis; as in a case of uncomplicated chronic catarrh, proper treatment will soon result in improvement, whereas, in a case of constriction of the pyloric orifice, the treatment will be of no avail, the only remedy for that condition, as well as for tumors, being operative inter-Dilatation of the stomach is ference. most readily diagnosed by clapatage or the eliciting of a splashing sound by manually setting the stomach in rapid motion after the taking of a meal or a tumblerful of water, the patient resting in the dorsal position. A normal, healthy stomach will contract closely around the ingested food. A dilated stomach will not do so, and therefore the ingested food or liquid can be set in motion by a sudden striking movement of the hand from one side of the stomach to the other, giving rise to the splashing sound which is pathognomonic for this condition.

COMPLICATIONS AND SEQUELÆ.

Complications by tumors and pyloric constrictions have already been mentioned. So has also the complication from a gastric ulcer. The etiology of gastric ulcer is still very obscure. An explanation of its occurrence has been sought in a diminished alkalinity of the blood and a hyperacidity of the gastric secretion. However defective such an explanation may be, it gives support to the view that a gastric ulcer is apt to follow in the wake of a chronic gastritis.

Anemia and malnutrition in a more or less marked degree go hand in hand with this disorder. Neurasthenia is in some cases a very troublesome concomitant of the disease and will at times materially retard the effecting of a cure.

PROGNOSIS.

The prognosis in an uncomplicated case of chronic gastric catarrh is most

excellent. With proper treatment the majority of cases will be cured in about six or eight weeks, and by strictly observing a sound hygenic mode of living a subsequent attack will be avoided.

TREATMENT.

The proper regulation of the diet should head the list of remedial The patient should immediately be put on a very light diet. cases of pronounced gastric irritability only liquid food should be allowed for a few days. The food allowance should be cautiously and gradually increased, and the following food substances should be absolutely excluded from the diet list for a period of six or eight weeks or longer: tea, coffee, chocolate or cocoa, potatoes and all kinds of vegetables, fruits, sweets, pies, cakes, pastry and desserts, pork and veal in any form, oatmeal and other breakfast cereals, and all kinds of alcoholic beverages. This will restrict the bill of fare to milk, eggs, wheat bread (one day old) and butter, meat, including all kinds of meat (with the above exceptions), game; fowl, poultry, fish and The meat should be eaten ovsters. without gravy. The patient should be directed to eat at regular hours and to thoroughly masticate the food.

Gastric Lavage. The patient should have his stomach washed out two or three times weekly for six to eight weeks with two quarts of water at a temperature of 100° to 116° F., and with the addition to the water of one tablespoonful of bicarbonate of soda.

The action of a gastric lavage is twofold. I. It cleanses the stomach from the excessive amount of mucus and undigested, fermented and decomposed food. 2. It excites a stimulating action upon the muscular and glandular structures of the organ.

Electricity. Intra-gastric faradization. After the stomach has been washed out I apply at the same sitting the high-tension faradic current, the negative electrode being applied directly to the gastric mucosa by means of a specially constructed gastric electrode, the positive sponge electrode to the integument. Before introducing the stomach electrode the patient is directed to drink a glassful of water. The duration of the electric treatment should be about thirty minutes, the current always being sufficiently weak not to cause discomfort or pain. Only a slight contraction of the abdominal muscles should be noticeable. gastric faradization has a most beneficial influence, relieving pain and tenderness, invigorating and toning the muscular coats of the stomach, restoring the motor functions and stimulating the glandular activity. Hypersecretion and hyperchlorhydria are by some writers considered as contraindications to the use of electricity. I have never found it so, and judging from my experience I believe that this objection is only a theoretical one, because, as a matter of fact, the use of the electricity even in these cases seems in some inexplicable way to restore the glands to a normal functional activity.

Massage, properly and skillfully executed, cold douches to the abdomen, sea bathing, gymnastics, etc., are at times valuable adjuvants to the treat-

ment. In grave cases of dilatation and atonia gastrica A. Rose of New York speaks very highly of strapping the abdomen with a plaster bandage, a detailed description of his method of application being given in N. Y. Med. Journal, Vol. LXXIII, p. 797. I have had, however, no occasion to resort to this means of treatment, so I cannot speak of it from personal experience.

Medicinal Treatment. In most cases the administration of a suitable laxative is necessary at the beginning of treat-Many of these patients have not had a sufficient evacuation of their bowels for a long time and perhaps no evacuation at all for several days, and them should be administered a thorough calomel purge. For daily use thereafter Carlsbad salt in water, taken in the morning before breakfast, to be continued for about six weeks, is beneficial. In some cases an additional cathartic at bed time is needed, and, if so, I prescribe the aloin, strychnin and belladonna pill (each pill containing 1-5 grain aloin, 1/8 grain extract belladonna leaves and 1-60 brain strychnin sulphat).

With the treatment as above outlined other medication is, as a rule, not called for. In cases of severe gastric pain the administration of subnitrate of bismuth in 30-grain doses three or four

times daily is to be recommended.

Patients with anæmia and malnutrition of a more marked degree should be given iron in a form that is readily assimilated and tolerated by the stomach. General tonics and stimulants to the gastric secretion are sometimes adantageously resorted to.

In conclusion let me reiterate that a simple chronic gastritis is, as a rule, eminently amenable to treatment. It is not to the credit nor to the best interests of the profession that the public is very generally and thoroughly imbibed with the belief that catarrh of stomach is an incurable disease. Bvour giving to those suffering from chronic indigestion a more rational treatment than is generally the case, this erroneous idea should soon be abolished. Instead of being hurriedly sent away with a routine prescription calling for some compound of hydrochloric acid and pepsin, or rhubarb and soda mixture, or some of the numerous digestive tablets which are flooding the pharmaceutical market, these patients are entitled to and should be given a most careful examination for the purpose of arriving at a correct diagnosis of their condition, the doctor always bearing in mind the possibility in any case of the presence of dangerous complications.

At the Missouri Valley Homeopathic Association meeting recently held, Dr. E. L. Linn of Mount Pleasant, Iowa, introduced a resolution denouncing kissing. It is said that much discussion of a serious nature followed and the

resolution was adopted. It will also probably result in quite a good deal of discussion which will not be characerized by seriousness. Probably no one expects it to have any influence on the practice.

THE COLORADO MEDICAL JOURNAL

AND WESTERN MEDICAL AND SURGICAL GAZETTE

A Monthly Journal for the Medical Profession of Colorado and Adjoining States.

DEPARTMENT EDITORS

WM. N. BEGGS, A. B., M. D., ALLISON DRAKE, Ph. D., M. D., and CLARENCE L. WHEATON, M. D., **Editor and Publish** Associate Editors

Respiratory and Circulatory Organs	A. S. TAUSSIG, M. D
Neurology and Alienism	B. OETTINGER, M. D.
Therapeutics	ALLISON DRAKE, Ph. D., M. D.
SURGERY-	
General SurgeryOphthalmology and Otology	MELVILLE BLACK, M. D.
Laryngology and Rhinology Gynecology and Obstetrics Diseases of the Genito-Urinory System	
LOCAL EDITORS;	
Bon der, Colo	Leadville, Colo

Subscription, \$2.00 Per Year.

MEDICINE-

Single Copies, 25 Cents

ORIGINAL ARTICLES, CLINICAL REPORTS CRISP EDITORIALS. SOCIETY REPORTS. CORRESPONDENCE.

NEWS ITEMS.

Invited from the Western States of Utah, Wyoming, New Mexico, Kansas, Nebraska, Arizona, but particularly from Colorado.
All matter intended for publication in the next issue should reach the editor by the first of each month. Each contributor of an article will receive ten copies of the Journal containing his article, upon application.

reasonable number of illustrations will be furnished by the Journal free of charge if suitable drawings or photographs are supplied by the authors.

Address all communications to

THE COLORADO MEDICAL JOURNAL, 133 W. Colfex Ave., Denver, Col

Vol. VIII.

Denver, Colorado, December, 1902.

No. 12

EDITORIALS.

DR. ALFRED LORENZ IN COLO-RADO.

By far the most important event in this year's history of medicine in Colorado was the visit of the great Austrian orthopedic surgeon, Alfred Lorenz. His coming had been heralded by the daily papers and his arrival was looked forward to with great anticipations of both pleasure and intellectual profit. In no way were these anticipations disappointed.

While in Denver Dr. Lorenz held two clinics on October 29, one in the morning at St. Luke's Hospital, the other in the afternoon at the County Hospital. Both were attended by a great many members of the medical profession, both from Denver and from

other parts of the state, and also by theamount and severity of the manipulanumerous students taking their courses in the Colorado institutions.

At the morning clinic four cases were operated upon, at the afternoon clinic two. These six cases, all of congenital dislocation of the hip, presented a variety of qualities which could scarcely be expected. Some were comparatively easy of operation and offered prospects of most successful outcome. One, also relatively easily operated upon, presented less favorable prospects as to result because of the congenital deficiency of the acetabulum. Another, while more difficult, gave still exceedingly favorable prognosis and, finally, one, so far as regards cure is concerned, was a total failure although hopes of some improvement as to function were held forth.

Most striking was the impression which made itself immediately felt that we were in the presence of a master mind, of a master surgeon. and unassuming as was Prof. Lorenz's demeanor, his every movement and every word conveyed a full conviction of his vast knowledge of his subject and his perfect familiarity with the pathological conditons present and the technique of the operation employed in the case.

Another impression made, and unavoidably so, was the great superiority of demonstration as a method of teaching. There was scarcely any one present who did not feel that no amount of study or reading could have conveyed to him the absolute knowledge of technique which he obtained in a single clinic. A proper conception of the tion required and the limits of endurance of patients could not be received in any other way.

In the evening of the same day a banquet in honor of Prof. Lorenz was held at the Adams Hotel, presided over by Dr. Sherman G. Bonney, Dean of the Denver and Gross Medical College. The following toasts were given:

"Our Guests," Prof. George B. Pack-Prof. Adolph Lorenz.

"The Medical School," Prof. Robert Levy.

"The Ball and Socket Joint," Prof. E. C. Rivers. Dr. Frederick Mueller. "The Humanities of the Medical profession," Prof. C. A. Powers.

"Professor Lorenz's American Students," Prof. Leonard Freeman.

"The Colorado State Medical Association," Dr. W. W. Grant.

The guests were: Prof. Adolph Lorenz, Dr. Frederich Mueller, Dr. Sherman G. Bonney, Dr. Edmund C. Rivers, Dr. Robert Levy, Dr. George B. Packard, Dr. Charles A. Powers, Dr. Thomas H. Hawkins, Dr. Leonard Freeman, Dr. George B. Crews, Dr. Walter A. Jayne, Dr. Howell T. Pershing, Dr. S. D. Van Meter, Dr. Clare P. Conroy, Dr. S. D. Hopkins, Dr. C. B. Lyman, Dr. W. H. Sharpley, Dr. T. Mitchell Burns. Dr. Clarence Wheaton, Dr. Albert L. Bennett, Dr. O. J. Pfeiffer, Dr. Melville, Black, Dr. William H. Buchtel, Dr. C. K. Fleming, Dr. Amos W. Barber, Cheyenne, Wyo.; Dr. F. H. McNaught, Dr. R. W. Corwin, Dr. Edmund J. A. Rogers, Dr. Henry Sewall, Dr. W. W. Grant, Dr. J. A. Miller, Dr. I. B. Perkins, Dr.

D. H. Dougan, Dr. P. V. Carlin, Dr. W. C. Weber, Dr. H. G. Wetherill, Dr. J. N. Hall, Dr. G. H. Stover, Dr. S. B. Childs, Dr. L. T. Durbin, Dr. H. G. Harvey, Dr. E. F. Dean, Dr. H. B. Whitney, Dr. Edward Jackson, Dr. George C. Stemen, Dr. C. A. Graham, Dr. A. A. Clough, Dr. A. R. Seebass, Dr. J. W. King.

Dr. Lorenz spoke only briefly, thanking the physicians of Denver for the reception they had given him and referring to the friendships formed on his present tour.

From Denver Prof. Lorenz went to Colorado Springs and then to Pueblo, where he held a clinic at the Colorado Fuel & Iron Company's Hospital. Thence he continued his trip further west.

His visit to this country has been largely a missionary tour and we may well say a triumphal procession, the effects of which will be felt throughout the medical world and show themselves upon untold members of happy families for many years to come. It is scarcely possible for one to receive a greater reward.

It has been truly said that it is but a step from the sublime to the ridiculous. Professor Lorenz' visit is not without its humorous accompaniment. A pamphlet has been issued and circulated by some of our local friends, the osteopaths, in which the claim is made that Professor Lorenz is but a follower, and not too prominent at that, of their peculiar system of practice, and the bloodless operation is claimed as distinctly their own, originated and completed in

the mind of the founder of their school. Dr. Still. Some years ago the writer had occasion to write an editorial on "The Blatant Osteopath." Our osteopathic friends saw fit to quote the same in full before the senate and house committee to which was referred their bill. The writer takes the present opportunity, the first, to present his acknowledgments. The editorial practically holds as good to-day as it did when it was written. We challenge them to show the slightest advance in knowledge in the fields of anatomy and physiology, which are their great boast, due to their school or any representative of it. While they are making their claims as regards Professor Lorenz, we would also challenge them to produce a patient on whom Professor Lorenz's operation has been successfully performed by one of their sect prior to its development by Professor Lorenz. We might go further and challenge them to produce any published contribution to the development of this operation of which one of their school is the author. But really we are devoting entirely too much time to them; they may become convinced that they are of really some importance in the medical history of to-day.

Some little discussion has been raised on account of the position taken by the Illinois State Board of Health in requiring Professor Lorenz to take out the usual license to practice in that state. There may, perhaps, be some room for difference of opinion as to the appropriateness of this stand. While there is no doubt that Professor

Lorenz' visit to Chicago could not possibly be construed as an intention to settle there for the practice of his profession, nevertheless the moral influence of as great a man being required to observe the formalities of the

state law will undoubtedly have considerable effect. It may probably be safely assumed that no one was more willing to satisfy the requirements of the Board of Health than Professor Lorenz himself.

PROGRESS OF MEDICINE.

Diseases of Digestion.

Conducted by C. D. Spivak, M. D., Denver, Colo.

(Concluded from November number.)
AN INDEX TO THE AMERICAN MEDICAL
PERIODICAL LITERATURE FOR THE
FIRST HALF OF THE YEAR 1902.

SURGERY OF INTESTINE.

Abbott, A. W. Intestinal fistulæ. Northwest Lan., Feb. 15.

Allis, Oscar, and McReynolds, R. P. Intestinal anastomosis with suturing of the entire thickness of the intestinal wall. A. J. O., Jan.

Allis, Oscar H. An instrument for facilitating intestinal anastomosis. Ann. S., March.

Aneyt, R. F. Gunshot wound inflicting 19 perforations of the intestine, etc. St. Louis Cour. M., March.

Bartlett, W. Experimental study of intestinal repair and regeneration after anastomosis by suture. M. Bull. Wash. Univ., April.

Bernays, A. C. Sarcoma of the mesentery. Ann. S., June.

Evans, Geo. B. Diseases of the signoid flexure. Cin. Lan. Clin., April 26.

Fenner, E. D. Report of six cases of penetrating wounds of the abdomen. Ann. Surg., Jan.

Frank, Jacob. Mechanical versus suture methods for intestinal approxi-

mation. Ann. Surg., Jan.

Gage, Homer. Abdominal contusions associated with rupture of intestine. Ann. S., March.

Grant, W. L. Anomalous position of cecum and colon. A. M. Med., April 26.

Head, Geo. D., and Williams, A. E., A case of duodenal ulcer, stenosis of pylorus, gastrectasia, perforation, death. Northwest Lanc., May 15.

Hewitt, John H. Emergency herniotomy with secondary enterostomy and occlusion of a portion of the ileum. J. A. M. S., Feb.

Huntington, Thomas W. A new method of dealing with bowel perforation communicating with pelvic abscess. J. A. M. A., March 22.

Kane, E. O. A new coupler for rapid intestinal anastomosis. J. A. M. A., April 19.

Larkin, John H. Carcinomatous ulceration of duodenum with abscess of liver and pancreas. Proc. N. Y. Path. S. Feb., March.

Leudeking, Robert. A perforated Meckels diverticulum. St. Louis Cour. M., April.

McLaren, A. Intestinal suture. Clev. M. J., April.

Miller, J. Preston. Primary sarcoma of the omentum. P. M. J., June 21.

Parrot, Julien M. Perforating abdominal wounds. Charlotte Clin., March.

Rassieur, Louis. Enterorraphy by the Connell suture. St. Louis Cour. M., April.

Reed, R. Harvey. Grave abdominal injuries without external evidence of traumatism. Ann. G. and P., Jan.

Schultze, Otto H. False diverticula of the sigmoid flexure. Proc. N. Y. Path. S., April.

Smith, Eug. A. A case of carcinoma of cœcum and a case of rupture of sigmoid treated by anastomosis. Am. Med., May 10.

Tuttle, J. P. Malignant neoplasms of the large intestine. N. Y. State J. M., June.

Wiggin, F. H. Intestinal anastomosis. Med. News, June 14.

INTESTINAL OBSTRUCTION.

Ardery, Mary E. Intestinal obstruction. Woman's M. J., April.

Boucher, J. B. Acute obstruction of bowls. Va. M. S—M. June 13.

Halstead, A. E. Intestinal obstruction from Meckel's diverticulum. Ann. S., April.

Johnston, J. Ambrose. Intestinal obstruction. Cin. Lanc. Clin., June 14.

Lund, F. B. Intestinal obstruction by bands following operation on peritoneal cavity. B. M. S. J., May 29.

Miller, J. E. A case of strangulation of the bowels in a slit in the mesentery. Int. J. S., March.

Murdoch, Frank M. Two cases of

intestinal obstruction. A. M. Med., May 24.

Packard, Frederick A. On a possible cause of meteorism and partial intestinal obstruction with remarks on the use of eserine in intestinal atony. P. M. J., May 24.

Pilcher, Louis S. Intestinal obstruction due to gall-stones. Med. News, Feb. 8.

Primrose, A. A case of intususception in a child. Canada Pract. and Review, March.

Ripperger, A. Zur atropinbehandlung des ileus. N. Y. M. Monatschrift, June.

Sheldon, John G. Intestinal obstruction caused by cicatricial band compressing the ileum. P. M. J., March 8.

Thienhaus, C. O. Meckels' diverticulum and its relation to ileus with report of a case. N. Y. M. J., Feb. 1.

Turck, R. C. Right cœcal hernia. J. A. M. A., April 26.

Wainwright, Jonathan M. Intussusception of Meckel's diverticulum. Ann. Surg., Jan.

Webster, R. E. Hernia of Meckel's diverticulum. Ann. S., April.

Wheaton, Clarence L. Acute intestinal obstruction. Report of a case of probable syphilitic origin. March 15.

Wiltshire, J. G. Case of enterolith. Va. M. S. M., June 13.

Wolfe, J. L. Obstructions of the alimentary canal. M. Summary, May.

APPENDICITIS.

Allaben, J. E. Some observations upon appendicitis. Clin. Rev., March.

Atlee, L. W. The treatment of appendicitis. A plea for fewer laparotomies. Therap. M., Jan.

Brown, Geo. S. Appendicitis. Ala. M. J., June.

Bullitt, J. B. The pathology of appendicitis. Louisville M. J. M. S., April.

Campbell, F. J. Foreign bodies in vermiform apendix. St. Paul M. J., June.

Carstens, J. H. Conservative treatment of appendicitis and the fallacy of the starvation cure. N. Y. M. J., Jan. 18.

Cartledge, A. M. The time for operation in appendicitis. Ga. M. S., April.

Cartledge, A. M. Time for operation in appendicitis. Louisville M. J. M. S., March.

Cooper, Charles Miner. Some remarks on appendicitis. Occ. M. T., May.

Cuthberston, Wm. Specimen appendicitis, etc. Chic. M. Rec., June 15.

Dennis, Warren A. Intestinal obstruction, acute appendicitis. St. Paul M. J., April.

Dugen, R. C. Appendicitis. St. Paul Month., March.

Edwards, Wm. A. Rheumatic appendicitis. Am. Med., April 12.

Elsberg, C. A. What can be diagnosticated in acute appendicitis. Med. Rec., April 5.

Evans, Samuel M. Fatal case of gangrenous appendicitis without one cardinal symptom in the course of the disease. Med. Rec., March 29.

Fischer, Louis. Pseudo appendicitis in children. Pediat., Jan. 4.

Garber, Frank W. Four unique cases of appendicitis. Therap. Gaz., Jan. 15.

Gilleland, W. E. Medical aspect of appendicitis. M. J., March.

Gillette, Wm. J. Appendicitis and its surgical treatment. Tol. M. S. Rep., May.

Hassencamp, O. Medical treatment of appendicitis. Tol. M. S. Rep., May.

Hershey, E. P. The function of the appendix. Denver M. T., Feb.

Hillsman, B. L. Appendicitis from the standpoint of the general practitioner. Virg. M. S. M., April 25.

Holmes, Edmund W. The appendix vermiformis. Penn. M. J., Jan.

Joy, H. M., and Wright, F. T. Leucocytosis as a point of progress in appendicitis. Med. News, April 5.

Kennedy, J. C. Are seeds potent factors in the production of diseases in the appendix? Med. Rec., April 5.

Killbown, C. L. Some reasons for considering the vermiform appendix as a gland. P. M. J., May 17.

Kramer, S. P. Studies in pathogenesis of appendicitis. Ann. S., June.

Little, J. Warren. The time to operate in appendicitis. Northwest Lan., March 1.

Latt, H. I. Appendicitis and when to operate. Carolina M. J., May.

McChord, R. C. When should we operate for appendicitis? Am. Pract. and News, June 1.

Meyer, Willy. What can we diagnosticate in appendicitis? Am. Med., April 12.

Meyer, Willy. What can we diagnosticate in acute appendicitis? Post. Grad., April.

Morris, Robert T. The disadvantage of gauze packing in appendicitis work. Med. Rec., March 22.

Murphy, John B. The vermiform appendix. Ann. Gyn. and Ped., April.

Pearse, Herman E. The fate of the unoperated cases of appendicitis. St. Louis M. Rev., March 22.

Richardson, Maurice H. Remarks on the diagnosis between acute appendicitis and some atypical cases of typhoid fever. B. M. S. J., Jan. 9.

Richardson, Maurice H. Papers on the diagnosis of appendicitis. B. M. S. J., April 17.

Richetts, B. Merrill. Appendicitis. Cin. Lan. Clin., May 31.

Stimson, J. Coplin. Pathology of appendicitis with special reference to foreign bodies in the appendix. Med. Rec., March 22.

Stimson, J. Coplin. Foreign bodies in the vermiform appendix. Canada Lan., Feb.

Stimson, J. Coplin. New surgical points on appendicitis. Occid. M. Times, Feb.

Stimson, J. C. The diagnosis and treatment of appendicitis. Occid. M. Times, Jan.

Summers, Jr., J. E. The vermiform appendix as a cause of intestinal obstruction. Am. Med., May 24.

Todd, J. O. A case of appendicitis. Dominion Medical Monthly, June.

Westbrook, Richard W. The question of drainage to appendicitis with outlying peritoneal infection. Brooklyn M. J., Feb.

Wood, Wm. C. Twenty-three cases of appendicitis. N. Y. M. J., Feb. 22.

Wyeth, John A. The merits of the various incisions for appendicitis. Med. Rec., June 7.

Wyman, Hal C. Appendicitis as re-

lated to life insurance. Med. Exam. and Pract., Jan.

PERFORATION IN TYPHOID.

Bruce, H. A. Case of perforation found in typhoid. Canada Lanc., March.

Bruce, H. A. Perforation of bowel in typhoid. Canada Pract. Rev., March.

Briggs, C. E. Laparotomy for perforation of typhoid fever. A. J. M. S., Jan.

Douglas, Richard. Perforating intestinal typhoid fever ulcer. Nash. J. N. S.

Rodman, Wm. L. A case of perforatory typhoid ulcer. Penn. M. J., June.

Taylor, Hugh M. Typhoid perforation, its frequency, prognosis, diagnosis and treatment. N. Y. M. J., Feb. LIVER.

Abrams, Albert. Percussion of lower border of the liver. Med. News, Feb. 8.

Beck, Carl. Surgery of the liver. J. A. M. A., April 26.

Billings, Frank. Clinical manifestations of the early stages of cirrhosis of liver. J. A. M. A., June 7.

Coates, B. O. A large cyst of the liver. Clev. M. J., June.

Converse, G. W. M. Treatment of alcoholic cirrhosis of liver. Med. News, Feb. 8.

Crook, James K. Etiology of cirrhosis of the liver. Med. News, Feb. 8.

Edwards, Arthur B. The classification of cirrhosis of the liver. Med. Fort., March 25.

Flexner, F. Concerning hepatic syphilis. N. Y. M. J., Jan. 18.

Fowler, Geo. B. Tumors of the liver. Med. News, Feb. 8.

Frank, Louis. Primary tuberculosis of the liver. J. Exp. M., March.

Graham, Alois B. Hydatid cyst of liver; report of a case. Ind. M. J., Jan.

Hallopeter, W. C. Cirrhosis of liver as seen in children. Med. News, Feb. 8.

Mitchell, John A. Hypertrophic and atrophic cirrhosis of the liver. Med. Rec., March 8.

Osler, Wm. An amebic abscess of the liver. Med. News, April 12.

Richardson, H. Hepatic insufficiency. P. M. J., March 15.

Roe, W. J., and Spencer, Geo. W. A case of ascites due to hepatic cirrhosis. P. M. J., March 1.

Taussig, Albert E. Acute degeneration of liver and kidney following chloroform narcosis. M. Bull. Wash. Univ., April.

Torrance, Gaston. Epiplopexy in cirrhosis of the liver with ascites. Ala. M. J., March.

Van der Veer, E. A. An unusual case of abscess of the liver. Alb. M. Ann., April.

Walker, Chas. S. Adenocarcinoma of liver; perforation of stomach; death; autopsy. B. M. S. J., March 6.

Walls, Frank. Cirrhosis of liver in infancy and childhood. Ped., March 15.

Whitney, E. L. The application of some of the secretions of the liver to the treatment of diseases of that organ. Virg. M. S. M., April 11.

Wlison, J. C. Diagnosis of cirrhosis of liver. Med. News, Feb. 8.

GALL-BLADDER AND DUCTS.

Berg, A. A. The indications for the surgical treatment of cholecystitis. Med. Rec., May 3.

Blake, J. A. Surgery of gall-stones. Med. News, May 10.

Brill, N. E. Diagnosis of diseases of biliary passages. Med. News, May 10.

DaCosta, J. Chalmers. Surgery of cholecystitis. Medicine, May.

Deaver, J. B. Surgery of the biliary passages. Charlotte M. J., April.

Donoghue, F. D. A case of cholocystitis with gangrene. A. J. M. S., Feb.

Evans, Edward. Gall-stones. St. Paul M. J., Jan.

Hamilton, Chas. S. Surgery of the biliary passages. Colum. M. J., Feb.

Jackson, W. B. Diseases of the gall-bladder. Mobile M. S. J., Jan.

Johnson, J. L. The gall-bladder. Am. Pract. News, April 15.

Johnston, Otis. Gall-stones; pathognomonic symptoms of recurrent partial or complete impaction of bile ducts. Operative treatment. Peoria Med. J., Jan.

Jonas, A. F. The use of the gall-bladder to restore a prolapsed liver. J. A. M. A., March 29.

Keefe, John W. Surgery of the gall-bladder and ducts. B. M. S. J., Feb. 12.

Kennedy, J. C. Differential diagnosis between diseases of the gall-badder and vermiform appendix. N. Y. M. J., April 5.

Lilienthal, Howard. Treatment of cholelithiasis. Med. Rec., May 31.

Mays, Wm. J. Analysis of 328 oper-

ations upon the gall-bladder and bile passages. Chicago M. Recorder, April 15.

McFarland, J. Pathology of cholecystitis. Medicine, May.

McGee, J. B. Medical treatment of choletithiasis. Clev. M. J., Feb.

McLean, Angus. Cholecystotomy: Some experiments with the biliary flow. Med. Age, Feb. 25.

Miller, H. T. Gall-stones complicated with empyema of the gall-bladder. Med. Rec., Feb. 1.

Mixter, Samuel J. The technic of gall-bladder and duct operations. Ann. Surg., Jan.

Niles, Harry D. The surgical treatment of some remote results of inflamation of gall-bladder and bile duct. Ann. S., March.

Nute, W. H. Gall-stones. Ann. Gyn. and Ped., June.

Ochsner, A. J. One year's clinical observation on the surgery of the gall-bladder. Northwest Lanc., March 15.

Oschner, Albert J. Clinical observation on the surgery of gall-bladder. Ann. S., June.

Olmstead, Ingersoll. Two cases of removal of gall-bladder by Finney's method. Canada Pract. and Rev., May.

Park, Roswell. Why should we not treat the gall-bladder as we do the appendix? Canada Pract. and Rev., June.

Preble, Robert B. Medical aspects of cholelithiasis. J. A. M. A., April 12.

Ricketts, E. Diseases of the gall-bladder and its ducts. Cin. Lan. Clin., June 28.

Root, E. A. Cholelithiasis. W. M. Rev., March 15.

Sailer, Jos. Diagnosis of cholecystitis. Medicine, June.

Sailer, Jos. Etiology of cholecystitis. Medicine, May.

Seymour, Wm. W. A method of suturing the gall-bladder to the parietes in gall-bladder operations. J. A. M. A., April 26.

Sherrill, E. S. Medical treatment of gall-stones. Detroit M. J., Feb.

Smithwick, J. W. P. Cholelithiasis. N. E. M. M., May.

Stauna, M. Complications and sequelæ of cholelithiasis. Clev. M. J., Feb.

Stone, I. S. Choledochtomy. Virg. M. S. M., Feb. 17.

Stone, I. S. Case of coledochtomy. Wash. M. Ann., March.

Taylor, Hugh M. Cholestostomy. Rich. J. Pract., Jan.

Thayer, A. E. Biliary and pancreatic stasis due to atresia of the papilæ. Pr. N. Y. Path. S., Jan.

Thomson, Wm. H. Cholelithiasis, cholecystitis and cholangitis. N. Y. M. J., March 1, April 19.

Weeks, S. H. Gall-stones as a surgical affection. H. M. M., June 25.

Weidner, Carl. Cholelithiasis. Am. Pract. News, Feb. 15.

Willard, DeForest. Traumatic rupture of the gall-bladder without injury of the liver. N. Y. M. J., March 1.

SPLEEN.

Harris, Malcolm L., and Herzog, Maxmillian. Splenectomy in splenic anemia or primary splenomegaly. Chicago M. Rec., March 15.

PANCREAS.

Fussell, M. H. Cancer of the head of the pancreas with gall-stones. Path.

S. Philad., Feb.

Hamann, Carl A. A case of cyst of the pancreas. Clev. M. J., Jan.

Heffenger, A. C. Pancreatic cysts. Ann. G. Ped., June.

Opie, Eug. L. Causes and varieties, of chronic interstitial pancreatitis. A. J. M. S., May 15.

Thayer, A. G. Carcinoma of the pancreas. Prac. N. Y. Path. S., Feb. and March.

Thayer, Wm. T. Remarks on diagnosis of pancreatic diseases. Am. Med., March 1.

Murray, Francis W. Three cases of pancreatic disease. Am. Med., Jan. 25.
RECTUM, ANUS.

Brav, Herman A. Diagnostic importance of digital examination in diseases of the rectum. Am. Med., March 15.

Brown, Geo. L. Pruritis ani. Buff. M. J., June.

Cooke, A. B. Malignant diseases of the rectum.

Davis, Theo. G. Value of methylene blue in operating on fistulous tracts. J. A. M. A., June 7.

Frankenburger, J. M. Rectal examination. Kan. M. Rec., June.

Gant, Sam. G. Proctitis and membranous colo-proctitis. Post Grad., June.

Gant, Sam. G. Fistula in ano; its relation to phthisis. Inter. M. Mag., April.

Gant, Sam. G. Fistula in ano; its relation to tuberculosis. Inter. M. Mag., Jan.

Hawkins, John A. Syphilis of the rectum and anal region. Inter. M. Mag., Jan.

King, Edmund E. Cancer of rectum. Canada Pract. Rev., Jan.

Krusen, Wilmer. Two cases of cancer of rectum operated by Murphy's method. Am. Med., May 10.

Luther, John W. A case of imperforate rectum. Therap. Gaz., March.

Martin, Thomas C. Again the rectal valve and obstipation. N. Y. M. J., March 8.

Martin, Thos. C. A new method of removal of internal hemorrhoids under local anæsthesia. J. A. M. A., April 26.

Mason, Rufus D. Rectal examination for life insurance. Med. Exm. and Pract., Jan.

Monroe, Geo. J. Pruritus and eczema of the anus and rectum. Med. Sum., Feb.

Nassau, C. F. Operative treatment of hemorrhoids. Medicine, April.

Nichols, Edgar H. Fissure of the anus in the nursling. Ga. J. M. S., March.

. Nichols, Edwin. Pruritus ani. Toledo M. S. Rep., March.

Parkam, F. W. Abdominal section for rectal prolapse. A. J. S. G., March.

Pennington, J. Rawson. New and improved rectal instruments. Louisville M. J. M. S., Feb.

Ross, Geo. G. Diagnosis and treatment of cancer of the rectum. Medicine, March.

Rothrock, J. L. Stricture of rectum in women due to inflammatory processes in pelvis. Northwest Lanc., March 15.

Tuttle, James P. Practical suggestions on the treatment of rectal diseases. Int. J. S., Jan.

Tuttle, James P. The pneumatic proctoscope. Med. News, April 15.

Vineberg, Hiram N. A new method of operating for obstinate cases of rectovaginal fistula. Med. Rec., June 7.

Wilson, Reynolds. Congenital atresia and stenosis of the rectum and anus. Med. News, Jan. 18.

Wright, C. E. The so-called proud people subjects of anal reflex. Md. M. J., May.

ASCITES.

Harris, M. L. The surgical treatment of ascites due to cirrhosis of the liver, J. A. M. A., May 3.

Osler, Wm. Note on the occurrence of ascites in solid abdominal tumors. P. M. M., May 24.

Smith, W. Ramsey. Tympanitic ab-

domen with fluid. Medicine, March.
PERITONITIS.

Frank, Louis, and Koehler, H. H. Gonococcal peritonitis. A. J. O., March.

Landis, John H. Black vomit in inflammation and injury of the peritoneum. Am. Med., Feb. 8.

Ochsner, A. J. The cause of diffuse peritonitis complicating appendicitis and its prevention. A. J. S. G., Jan.

Smith, Eugene A. The treatment of acute general peritonitis. Am. Med., March 1.

Warden, Carl C. Diffuse peritonitis resulting from appendicitis. Am. Med., Jan. 25.

Wetherill, H. G. Inoperable septic peritonitis. J. A. M. A., May 24.

Ophthalmology and Otology.

In charge of Melville Black, M. D., Denver, Colo.

OCULAR THERAPEUTICS.

In the Wochenschrift fur Therapie und Hygiene des Auges, No. 48, 1902, Dr. Gottschalk claims that dionin exerts pretty much the same stimulating effect upon the lymphatic circulation as does heat, and that the instillation of this drug in the eye in 2 per cent solution, is beneficial in retrobulbar neuritis and optic nerve atrophy. In No. 35 of the same journal Von Arlt advises the use of dionin for the clearing of trachomatous pannus. He places a small particle in the lower conjunctival sac and applies massage through

the closed lids for several moments. This is done twice a week. In No. 36. 1902, of the same journal, Guttmann finds ichthalgan almost a specific in the treatment of trachomatous pannus. He has not found it as useful as other silver salts in the treatment of non-trachomatous conjunctival or corneal diseases. In No. 50, 1902, of this same journal, Wolffberg has found a 2 per cent ointment of collargol of great value in the treatment of gonorrhæal ophthalmia. Some of the ointment was placed beneath the upper lid every hour and allowed to melt and run down

over the cornea, gentle lid massage being practiced. In La Clinique Ophthalmologique, June, 1902, Wingenroth finds that dionin is possessed of marked antiseptic properties when used in the conjunctival sac, largely, he thinks, because of its action on the lymphatics and the lachrymation that it produces. In the same journal, August 25, Maklakow, Moscow, speaks of the new substitute for jequirity known as jequiritol, and says that its action can be better controlled than jequirity, and that it is being used for other corneal affections as well as in trachoma. In the same journal Terson of Paris recommends the oily collyria in preference to the aqueous. He thinks all the alkaloids are better borne by the eye when dissolved in oil, unless it be cocain for local anesthesia prior to operation.

In the Zeitschrift fur Augenheilk., August, 1902, Wokenius recommends the introduction of pure iodoform into the vitreous with a glass trochar, for disinfection of the interior of the eyeball in penetrating wounds of the globe. The quantity introduced was generally about the size of a pea. In the same journal of September, 1902, Roemer thinks he is justified in hoping that the timely employment of the pneumococcus serum will prevent the development of the serpent ulcer of the cornea. He thinks that in this agent we have at our command a specific prophylactic measure for the treatment of this corneal lesion.

We have another silver salt added to the many that have been placed on the market during the past year or

This new preparation is an American product, and is made in the laboratories of Barnes & Hille, North Fortieth street, Philadelphia. They have named it Argyrol. It contains 30 per cent of silver, or one-half the silver contained in silver nitrate. It does not coagulate albumen, nor is it changed by the chlorides. It therefore is allied in its action to protargol, albargan and similar preparations. It is a dark colored crystal, and is somewhat hydroscopic. Its most distinct advantage lies in its not producing any irritation when dropped into the eye. I have used it in 25 per cent solution a few times only and have been very much surprised to learn from my patients that it does not smart. This is a great boon, as all other silver salts do smart, and some of them very severely. As to its efficiency I am not as yet prepared to speak, as I have not used it long enough. Albargan has the advantage over protargol of not deteriorating when kept for a long period of time, if the precaution is taken to protect it from the light. So far as I can judge after a rather extended trial of it, its therapeutic properties are equal to protargol. I am inclined to think that it is a little more painful than protargol.

The school board at Pluma, S. D., recently refused to comply with the order of the board of health to enforce—vaccination. Suit was brought against them to compel them to comply, but was discharged in the District Court.

SOCIETY REPORTS.

The Denver and Arapahoe Medical Society.

(This report appears in no other medical journal.)

The first regular meeting of the Denver and Arapahoe Medical Society for November was held in the McPhee building, November 4, 1902. The society was called to order at 8:30 p. m. by the secretary. Both the president and vice president being absent, Dr. Henry Sewall was elected president protem.

The minutes of the previous meeting were read and approved.

There were no propositions for membership.

The regular scientific program was then given, as follows:

I. Paper, "Chronic Gastric Catarrh,"* by A. E. Engzelius, M. D.
DISCUSSION.

Dr. Spivak agreed with the writer that cases of uncomplicated gastric catarrh were readily amenable to treatment. The term gastric catarrh, however, was used frequently to cover a wide range of pathological conditions and some of these have proven resistant to treatment. If, for example, the name gastric catarrh was made to include an atrophic gastritis, there is no treatment by which the gastric glands which had atrophied and largely disappeared could be restored and six weeks would by no means suffice for a In the treatment of gastric catarrh diet was a most essential element in the treatment.

*Published on page 543.

Dr. Wilder desired further information with respect to the diet. He was in the habit of giving the Ewald test meal and aspirating the contents of the stomach an hour thereafter and making a chemical examination of the stomach contents. His usual finding was either hyperacidity or diminished acidity. the former case he was accustomed to place the patient on a rather srictly milk diet on the theory that milk tended to diminish the secretion of the acids. In the latter case he would place the patient upon a meat diet on the theory that the nitrogenous foods tended to stimulate the acid secretion. He knew that there was a difference of opinion on this subject but that was his custom.

Dr. Hill said that the views as to diet presented by Dr. Wilder were undoubtedly correct. Milk tended to restrict the production of acid while meat as well as potatoes and other vegetables tended to increase it.

The discussion was closed by Dr. Engzelius, who said that while of course many cases of chronic gastric catarrh would require more than six weeks of treatment, nevertheless the majority would be vastly improved in that length of time, even a case of the atrophic gastritis would respond favorably to the Faradic treatment. The secretion, of course, would not be restored. The glands having disap-

peared, they could not secrete the digestive juices. However, the motor power of the stomach would be greatly restored and that function improved with the corresponding improvement in the digestion and the general symptoms.

Dr. Freeman, the president, having arrived, was then called to the chair.

2. Paper, "Gonorrheal Septicæmia," by G. C. Stemen, M. D. This was discussed by Drs. Wheaton, Hall, T. M. Burns, J. R. Hopkins, Edson, P. D. Rothwell and Freeman, and the discussion closed by Dr. Stemen.

The following five-minute talks were given:

I. By Dr. Edward Jackson on "Some Points About Injury to the Eye."

The power of the eye to recover, or partly recover from severe injuries, is illustrated by three cases which have been recently under my care; but in which the healing is so far advanced, that it is possible to judge with a good deal of certainty of the final result.

Case I.—September 6, C. P., aged 43, was struck in the right eye by a heavy steel wedge, used for splitting stone. I saw him nine days later. There was a rupture of the eyeball extending entirely across the cornea, and about 3 mm. into the ciliary region on the temporal side. The line of the rupture was at least 165°. The anterior chamber was entirely filled with blood, and shreds of partly decolorized clot still hung from the wound. There was general hyperemia of the eyeball, and it was quite tender to touch.

The only treatment had been:

Cleansing the eye with water, and some pills he had taken to relieve pain. I advised enucleation if the eye did not soon get better; and gave him a solution of atropin and boric acid to use in it.

The eye was at this time very soft. At the end of two weeks the eye was still soft, with some shreds still hanging from the wound; but there was less redness and less tenderness of the globe. A month later the eve was free from pain and tenderness; the tension was quite up to normal; the scar was firm, although bulging somewhat at the end in the ciliary region. A little exudate remained at the bottom of the anterior chamber, but the iris, except as it was caught in the scar, appeared to be in good condition. There was good perception of light.

Case II.—September 21, F. G., aged 9 years, was struck in the right eye by a flying nail about an inch long, which he pulled out himself, or caught as it fell out. There was no bleeding, and he could see some with the eye after the accident.

He was brought to me three days later when his vision had grown worse. He presented a wound 3 mm. long, opposite the lower pupiliary margin of the iris, which was incarcerated in it. The pupil was occupied by gray, partly opaque lens, and the anterior with blood, orized clot

There was yeball, and eye was not tender to touch, and the electro-magnet caused no pain or other had been: evidence of a foreign body.

Under atropin the eye became free from hyperemia, the tension of the globe normal, and the lens, at first more swollen, subsequently shrunk. At the end of one month the eye was entirely quiet. (A needle operation subsequently gave clear pupil, and vision of 4/30, with correcting lenses. Better vision was prevented by the irregular astigmatism due to the scar.

Case III.—September 17, T. C., aged 29 years, while cutting iron with a cold chisel, was struck in the right eye by a flying fragment, the injury being followed by "a gush of water" from the eye.

He came to me the next day. There was slight peri-corneal and conjunctival redness. The eye was growing more sensitive, the tension was a little below normal. In the cornea was an irregular wound; the upper temporal margin of the pupil showed a slight nick in the iris. The lens was swollen in its upper outer-quadrant, and showed masses of opacity radiating from its poster pole. A foreign body had evidently passed entirely through the lens, but could not be discovered with the ophthalmoscope.

Assisted by Dr. E. W. Stevens, I extracted the lens, through the ordinary incision for cataract. The Johnson electro-magnet was then brought close to the cornea, but the foreign body did not appear. The tip of the magnet was introduced just within the corneal wound. A distinct click was heard, and on withdrawing the magnet an irregular particle of iron, 3 mm. by 2 mm. by 1 mm. was found adhering to it.

The operation was done at my office, and the patient allowed to lie quiet for a couple of hours afterwards. He then took the street car, walked a couple of blocks, and went to bed. Healing was uninterrupted and at the end of three weeks the eye was entirely quiet, and vision with a correcting lens equaled 4/9. (The eye has remained well since.)

These three cases have this in common: The perforation of the eyeball was through the cornea and anterior chamber. For such injuries the prognosis is very much better than for wounds entering directly through the sclera into the vitreous. The anterior chamber is a great lymph space. The first gush of aqueous humor is likely to carry with it small particles of foreign matter, and the greatly increased lymph drainage which follows strongly opposes infection.

The third case had been advised, before coming to me, to wait a few days, with the eye under atropin, to see what it would do. But he was told it would probably require enucleation. If he had followed the advice it is likely the prognosis would have been justified.

2. By Dr. W. A. Jayne on "Report of a Case of Renal Calculus, Presentation of Specimen and Skiagraphs."

He said: Patient, aged 25 years, married seven years, had complained, since 9 years of age, of pains in right lumbar and iliac regions of the abdomen. About four years ago the pains increased and were coliky, extending over the abdomen from the right iliac region. There was some digestive disturbance and occasional attacks of mild

vertigo. Two years ago patient had an attack of irritable bladder and once passed blood-tinged urine. Examination two years ago revealed slightly movable right kidney with tenderness over it. The right ovary was slightly enlarged and cystic, otherwise the results of the physical examination, which was made in consultation with Dr. McNaught, were negative.

After about two years' absence, patient returned. The pain in right lumbar and iliac regions had persisted continuously and with increasing severity. Walking produced pain as did also a change from erect to recumbent po-Any movement of the body when recumbent increased the pain, which was referred to the right side of the abdomen. Before this visit patient had, during the preceding six months, had several attacks of bloody urine. Her general health had materially depreci-Examination showed tenderness over the kidney when pressure was made anteriorly over the right kidney. The most tender spot was 21/2 inches to the right of umbilicus. kidney was slightly movable. Palpation showed slightly enlarged right ovary. Patient complained of occasional attacks of irritable bladder. Repeated examination of the urine showed sp. gr. 1.010 to 1.012 with always some trace of albumen. The Harris segregator was repeatedly used with practically negative results as regards difference in urine from each kidney, although the examination was made as soon as possible after several attacks of hematuria. Early in last October, however, the segregator was used during an attack of hematuria and showed that the blood came solely from the right kidney.

Patient had been referred to Dr. S. B. Childs for examination under the X-ray. The X-ray photograph showed clearly and beautifully a shadow at location of pelvis of kidney.

Dr. McNaught several times saw the case in consultation and concurred in the diagnosis of calculus in the pelvis of the kidney.

About the middle of October patient went to a hospital and I, assisted by McNaught, performed nephrolithotomy. The kidney was brought to the surface and the stone demonstrated in the lower angle of the pelvis of the kidney, just at the entrance of the ureter. The stone was removed through a small incision in the posterior wall of the kidney. Examination for other calculi proved negative and the incision in the kidney was closed with catgut sutures. The capsule of the kidney was stripped off and the kidney was fixed to the lumbar fascia. The abdominal incision was then closed with silkworm gut suture with the exception of a space for a small drain which was carried down to the wound in the pos-This drain terior wall of the kidney. was partly removed at the end of twenty-four hours and, there being no leakage or drainage, was completely removed at the end of forty-eight hours. The opening was drawn together by the provisonal sutures which had been placed at the time of the operation.

Patient made an absolutely uneventful recovery, the wound healing by first intention throughout its whole extent. Examination of the stone showed it to be of mixed phosphates covering a core of oxalate of lime. Patient has since greatly improved in health and seems to be on the road to a complete restoration to health.

Dr. Sewall moved that a committee

be appointed to investigate the availability of Wolfe Hall as a meeting place. Amended, to investigate any other halls. Drs. Sewall, Levy and Jayne were appointed on the committee.

There being no further business, the society adjourned.

The Boulder County Medical Society.

(This report appears in no other medical journal.)

The Boulder County Medical Society held its regular monthly meeting in the county court house, Boulder, Colo., Thursday evening, November 6, 1902. The president, Dr. E. B. Queal, was in the chair, with the following members present: Drs. Baird, Miles, Keyser, Dodge, Barbour, Cattermole, Gilbert, Lowry, Ambrook, Talbott, Coman and Reed of Boulder and Wiest of Longmont. Dr. W. H. Davis of Denver was present as visitor.

Since the reorganization of the society the meetings are largely attended and much interest is manifested by the physicians generally throughout the county.

Drs. Mackey, Farrington, Jolly, Allen, Washburn and Russell of Boulder, Burns of Louisville and Yates of Lyons were elected to membership, and the following names proposed for membership: Drs. Rand, Cooper, Worster and Lindsay of Boulder and McDowell and Holden of Longmont.

The principal paper of the evening was read by Dr. Phillip H. Keyser of Boulder, on "The Value of Psychology Dr. E. F. Talbott of Boulder also presented a tabulated report of "One Hundred Consecutive Cases of Obstetrics" occurring in his practice. This report was discussed by Drs. Baird, Reed, Wiest and Miles.

The committee on securing a permanent home for the society suitable for use as a reading room and library, was continued.

Dr. H. O. Dodge then made a short impromptu address, in which he urged the society through its legislative committee to begin work at once personally and face to face with our senators and representatives and endeavor to show them what is needed, so that when they go to the legislature they will have some sort of a clear idea of what the profession want in the matter of needed

to the Physician."* The paper was excellently written and showed much thought and research on the part of the author. By vote of the society the writer was instructed to offer the paper to one of our state journals for publication. The paper was discussed by Drs. Miles, Baird, Cattermole and Dodge.

^{*}Will appear in next number.

legislation and why it is needed.

The president announced that Dr. Frederick S. Lee of Columbia University would deliver an address in Boulder for the medical department at the Quarto-Centennial celebration of the university on Friday at 10:30 a.m.,

November 14, and extended a cordial invitation to the society to be present.

Society adjourned to meet in Boulder December 4 at 7:30 p. m., at which meeting Dr. William N. Beggs of Denver will be present and read a paper.

NEWS ITEMS.

The quarto-centennial celebration of the Colorado School of Medicine November 14, in connection with that of the State University, was a great event for Boulder and the state of Colorado.

Frederick S. Lee, Ph. D., of Columbia University, N. Y., delivered the address on "The Modern Aspect of Scientific Medicine."*

Dean L. M. Giffin of Boulder gave an "Historical Address,"† in which he reviewed the progress of the school from its beginning.

The students' parade of the quartocentennial celebration of the Colorado School of Medicine on the eve of November 14 was an unique affair. It typified the progress of medicine from the Indian medicine man in buffalo robes and horns to the modern up-todate city doctor in stylish stanhope and automobile. The patent medicine vendor, with wide brimmed hat and long hair, accompanied by performers on banjo and guitar, was not forgotten.

The students and faculty of the medical school feel that Dr. Frederic S. Lee is distinctly "all right." When Dr. Lee arrived from New York to

speak at the quarto-centennial he was asked by a committee how much his expenses would be in order that he might be reimbursed. He stated that they were \$175, but in view of his great interest in the medical department hel asked that the amount be used, not to reimburse him, but to purchase apparatus for the study of physiology. Every one who heard Dr. Lee on Friday recognized that he was a gentleman and a scholar, but now they will appreciate him really more. Such unselfish devotion to science is something to win the heartiest approbation of all friends of the university.

At the annual meeting of the Visiting Nurses' Association last month the following officers were elected: President, Mrs. Charles S. Thomas; secretary, Miss Edith Head; treasurer, Mrs. Thomas Keeley; chairman of the nurse committee, Dr. Eleanor Lawney; chairman of the supply committee, Mrs. W. A. L. Cooper. It was decided to buy for the nurses emergency bags containing all the articles required to assist physicians and surgeons.

[†]Published on page 540. *Published on page 523.

The following physicians of Denver have been appointed as medical inspectors of the Denver schools:

SCHOOL DISTRICT NO. I.

High School—Dr. Matt R. Root. Ebert School—Dr. Seymour T. Jarecki.

Maria Mitchell School—Dr. W. E. Shotwell.

Hyde Park School—Dr. B. F. Stockett.

George W. Clayton School—Dr. A. N. White.

Emerson School—Dr. George F. Roehrig.

Broadway School—Dr. M. C. T. Love.

Gilpin School—Dr. O. S. Vinland. Twenty-fourth Street School—Dr. John W. McDaniel.

Manual Training School—Dr. E. Eckerson.

Whittier School—Dr. Matt R. Root. Wyman School—Dr. F. W. Kinney. Corona School—Dr. C. L. Wheaton. Swansea School—Dr. E. C. Purcell. Longfellow School—Dr. J. C. Gorsuch.

SCHOOL DISTRICT NO. 2.

Central School—Dr. A. S. Bowen. Elmwood School — Dr. David Thompson.

Fairmount School—Dr. F. M. Collier.

Franklin School—Dr. C. E. Locke. Lincoln School—Dr. J. C. Graham. Logan School—Dr. C. G. Hickey. Sherman School—Dr. J. M. Perkins. High School—Dr. J. L. Clark.

Washington School—Dr. W. M. Robertson.

Byers School—Dr. A. A. Cunning-

Sheridan School—Dr. Walter E. Judge.

Garfield School—Dr. H. S. Cooper. Grand Avenue School—Dr. R. O. Butterfield.

SCHOOL DISTRICT NO. 7.

Vassar School—Dr. H. Julian Allen.

Milton, Fleming, Grant Schools—
Dr. R. S. Allen.

SCHOOL DISTRICT NO. 17.
Alcott School—Dr. N. A. Wood.
Boulevard School—Dr. J. T. Beatty.
Bryant and Webster Schools—Dr.
Daniel R. Lucy.

High School—Dr. F. A. Greedy. Edison School—Dr. Fred H. S. Ames.

Columbian School—Dr. A. A. Clough.

SCHOOL DISTRICT NO. 21.

Cheltenham School—Dr. N. C. Shannahan.

To aid in the execution of this work the following rules have been adopted for the protection of the public schools:

It shall be the duty of the principals and teachers of the different schools to make a daily inspection of the physical condition of the pupils under his or her care with the view of detecting any case of sickness among the pupils, and especially such diseases as are of a communicable nature. This inspection should be made every morning as soon as the class has assembled. The teacher should especially search for the following: Eruptions of the skin (eruptions of the skin are the pathognomonic signs of such diseases as small-pox, scarlet fever, measles, chicken-pox and

erysipelas); swollen glands of the throat (mumps, diphtheria, etc.), and other external evidences of sore throat. as cloths or bandages tied about the neck; repeated coughing, as this may indicate influenza, whooping cough or consumption; inflamed or sore eyes; continual discharge from nose; continual discharge from ears; presence of parasites on hair or body. The teacher should at once send any child exhibiting any of the above deviations from health into a room set aside by the principal for the detention of such cases until they can be examined and passed upon by the medical inspector in charge of that school.

All of the above enumerated symptoms are readily discernible at a glance, and with a little practice the teacher will be able to detect them quickly. Memoranda should be kept by the principal, so that a report blank may be filled out in duplicate each week, one copy to be retained in the school and one to be forwarded (weekly) to the health commissioner.

All children found by the medical inspector to be suffering from a communicable disease will at once be sent home and not allowed to return until granted a permit by the health commissioner in accordance with the laws bearing on this subject.

These instructions are not to be construed as invalidating those already in force in the schools, viz., of the teacher sending the child home when the child plainly shows itself to be sick with a communicable disease.

It shall be the duty of the medical inspector to make a daily report to the

health department, by telephone or otherwise, of the children excluded from the public schools and the disease with which they are suffering.

Any medical school inspector absenting himself from the city, or in case of inability to attend to his inspection from sickness or other cause, should at once notify the health commissioner so that some one may be designated in his place.

NOTICE TO MEDICAL SCHOOL INSPECT-ORS.

The medical inspector of a school occupies a peculiar and responsible position in relation to his brother practitioners and should be careful to exercise judgment and tact in the fulfillment of his duties so that he may not entangle either himself or the health department in professional difficulties with the family physician of the child or children excluded from school.

It shall be the duty of the medical inspector to visit the school to which he has been assigned at least once every school day at a morning hour to be arranged mutually between the principal of the school and the physician himself.

Any pupil found by the medical inspector to be suffering with the following diseases, shall at once be sent home with a written statement from the medical inspector as to the sickness of Small-pox, scarlet fever. the child: diphtheria membranous croup, or measles. whooping cough, mumps, influenza. erysipelas, chicken-pox, syphilis or tuberculosis; parasitic diseases of the skin, as scabies, tænia circinata, etc., and also pediculi—contagious diseases of the eye.

Further, any child exhibiting a rapid pulse, high temperature, headache and other symptoms which indicate a probable infection shall be sent home by the inspector until either the disease has manifested itself or the child has recovered from its temporary illness.

At the recent meeting of the Colorado Homeopathic Society held in Pueblo last month the following officers were elected for the coming year: President, Dr. C. F. Judkins, Glenwood Springs; first vice president, Dr. David A. Strickler, Denver; second vice president, Dr. C. S. Stough, Colorado Springs; secretary, Dr. Edwin A. Clark, Denver; treasurer, Dr. F. A. Faust, Colorado Springs.

They also passed the following resolutions:

"Resolved, That it is the sense of this society that should there be established another insane asylum it should be under homeopathic control."

The report of the legislative committee, which was adopted unanimously, included the following recommendations:

"That the legislative committee appointed for next year be instructed to work with the similar committees from the other two schools of medicine, if possible, to prepare and urge the passage of a suitable medical bill in the Fourteenth General Assembly, which shall entitle reputable physicians holding diplomas from medical colleges of high standards to registration without examination.

"That this society oppose the general compulsory examination of all applicants to the Board of Medical Examiners, but if such an examination be necessary that the committee be instructed to insist upon separate boards for each school and that homeopathic applicants be examined by the homeopathic board, and that the committee be also instructed to insist upon equal representation upon any board that may be authorized as a Board of Medical Examiners."

The first surgeon in Colorado to have performed the Lorenz operation for relief of congenital dislocation of the hip is said to be Dr. R. W. Corwin of Pu-He was a very interested obebla. server at the clinic in Denver, and the clinic in Pueblo was held at the Colorado Fuel and Iron Company's Hospital, for which Dr. Corwin is chief sur-Fortune favored him by presenting him with a suitable case for The only unpleasantness operation. connected therewith, and that of not very great consequence, was that the case was regarded by the daily papers of considerable news interest and Dr. Corwin was given a considerable amount of lay advertising, sufficient to attract the attention of the Pueblo While we County Medical Society. deprecate any undue efforts for lay advertising on the part of members of the profession, still it must be remembered that to a great extent circumstances alter cases, and the greatest sinners in that respect are usually those least called to task for it in our societies.

Another example of the danger of administering anesthetics without proper precaution was shown recently in Rifle, Colo. Dr. J. W. Collins, a dentist, administered an anesthetic to one of the young women of that town prior to a dental operation. She borught suit against him for assault. Fortunately the jury accepted the view that it was simply imaginary on her part and acquitted the dentist. The risk, however, is one which should always be borne in mind.

According to the report of the State Board of Health there were 819 deaths in Colorado during the month of September. In 3 counties there were no deaths and in 5 but 1 each. On the other hand there were 230 deaths in Arapahoe county. There was a decrease of 46 cases of diphtheria, 6 cases of small-pox and 2 cases of typhoid fever from the month before, and an increase of 8 cases of scarlet fever.

At Hygiene, Colo., an epidemic of scarlet fever occurred in the Children's Home. A number of cases of typhoid fever had also been present in that institution, probably due to infected water supply. It is supposed that the scarlet fever was introduced by means of second-hand clothing sent to that institution.

Dr. Bartlett Gilbert, formerly of Sterling, Colo., died recently in Albuquerque, N. M., of tuberculosis.

The Colorado Railways Association adopted a rule November 7, going into effect December 1, that no invalids could enter trains in Colorado without a physician's certificate that the bearer was not suffering from any contagious disease. The intention is to protect passengers from infection and not to depend upon undeveloped diagnostic abilities of conductors, ah has been the custom heretofore.

Another death has been registered to be ascribed to that peculiar combination of the meddlesome midwife and the meddlesome Christian Scientist, both in one person. We might also say the dirty Christian Scientist from a surgical point of view. A Mrs. Miller has recently died of puerperal septicemia in New Castle, Colo., her attendant being a Science healer. The district attorney has taken up the case.

Dr. W. C. Foster, an interne at the Minnequa Hospital of the Colorado Fuel and Iron Company, has been appointed city physician at Manila at a salary of from \$4,000 to \$5,000 a year, receiving the appointment as the result of a competitive examination at which there were some 200 candidates, the doctor ranking fourteenth.

Dr. G. H. Scott of Breckenridge, Colo., has been quite seriously ill with septicemia contracted by performing a surgical operation. For some time it was feared that he would lose his right hand. The following bill has recently been introduced in the Virginia legislature:

"Whereas, Kissing has been decided by the medical profession to be a medium by which contagious and infectious diseases are transmitted from one person to another; and,

"Whereas, The prohibiting of such an offense will be a great preventive to the spread of such diseases as pulmonary tuberculosis, diphtheria and many other dangerous diseases; therefore

"Be it enacted by the General Assembly of Virginia, That it shall be unlawful for any person to kiss another unless he can prove by his family physician that he hasn't any contagious or infectious disease.

- "2. If a physician testifies that the defendant has weak lungs, he shall be found guilty of a misdemeanor and the same penalty shall be imposed as if he had some contagious or infectious disease.
- "3. Any person violating the provisions of the first and second provisions of this act shall be deemed guilty of a misdemeanor and fined not less than \$1 nor more than \$5 for each offense."

Dr. C. P. Conroy of Denver and Mrs. Isa L. Smith were married the latter part of last month. The JOURNAL congratulates them heartily.

Dr. F. H. Welles of Victor, Colo., suffered the loss of his foot as result of an accident.

Dr. R. Harvey Reed of Rock Springs, Wyo., has been critically ill from blood poisoning contracted while performing an operation.

Mrs. Mary Baker G. Eddy, the head of the Christian Scientists, has issued a new edict prohibiting her followers from treating contagious diseases. How in the world a Christian Scientist can issue such an edict or can pretend to treat disease is one of the things rather difficult for the ordinary individual of somewhat even limited scientific reason to comprehend. To recognize the unrecognizable, to acknowledge the existence of the non-existent, to classify disease which is not disease into contagious and uncontagious, as they do. and at the same time maintain their mental equipoise, requires the exercise of psychological gymnastics beyond the powers of the ordinary mortal.

Pneumonia has been epidemic in the San Juan country. The Ouray Miners' Hospital is full of patients and a number of deaths have resulted.

"Dr." J. C. Maroney of Denver was recently tried before the county court and sentenced to pay a fine of \$200 and spend ten days in the county jail for practicing medicine without a license. Jail sentence was waived upon payment of the fine.

Dr. R. W. Corwin of Pueblo was in attendance at the quarto-centennial celebration of the Colorado School of Medicine at Boulder.

Cholera has been increasing in the Philippine islands and has made its appearance in the Fifth infantry.

PHYSICIANS' NEEDS G. H. HOWE & CO.

MANUFACTURERS OF .

STANDARD AND SPECIAL PHARMACEUTICAL PREPARATIONS,

DEALERS IN DRUG AND CHEMICAL SUNDRIES

SPECIALTIES:

SOLUBLE

Pills and Granules, Sugar or Chocolate Coated. Compressed Tablets, Sugar Coated (various colors).

Tablet Triturates.

Hypodermic and Ophthalmic Tablets.

Dosimetric and Alkaloidal Granules.

Medicinal Lozenges, Fluid Extracts, Tinctures, Syrups, Elixirs, Wines, Waters, Solutions, Liniments, Ointments, Suppositories, Antiseptic Surgical Dressings.

Inquiries solicited. Catalogue on application. Address

C. H. HOWE & CO., Office and Laboratory, Howe Building, Denver, Colo.

THE BEST RESULTS ARE ASSURED IN BROMIDE THE BEST RESULTS ARE ASSURED IN BROMIDE SPECIFY

PEACOCK'S BROMIDES

AND THE GENUINE IS DISPENSED.



NEUROLOGISTS and General Practitioners prefer it because of its superior qualities over the commercial salts... Each fluid drachm represents fifteen grains of the combined chemically pure Bromides of Potassium, Sodium, Ammonium, Calcium and Lithium.

DOSE: ONE TO THREE TEASPOONFULS, ACCORDING TO THE AMOUNT OF BROMIDES REQUIRED.

CHIONIA

From CHIONANTHUS VIRGINICA.

RE-ESTABLISHING portal circulation without producing congestion. Invaluable in all ailments due to hepatic torpor.

Hepatic Stimulation.

Without Catharsis.

DOSE: ONE TO TWO TEASPOONFULS THREE TIMES A DAY.

FOR CLINICAL TRIAL WE WILL SEND FULL SIZE BOTTLE TO ANY PHYSICIAN WHO WILL PAY EXPRESS CHARGES.

PEACOCK CHEMICAL CO. ST. LOUIS, MO., U. S. A.

Digitized by Google

The Largest Factory
in the world
making Static
Machines.

If You Wish to Buy or Rent The only Factory in the U. S. making Static Machines complete from start to finish.

Static Machines,

X-RAY COILS OR TUBES

Fluorescent Screens,

Fluoroscopes,

Ozone or Cataphoretic Apparatus.

or any other

Electrical or X-Ray

Instruments

WRITE OR CALL ON

The Sorensen Mfg. Co.

RAVENNA, OHIO. U.S.A.

The Medical Profesion invited to call and look over our Factory.

Come and spend a couple of weeks with us and get free instruction.



Digitized by Google